

Open Research Online

The Open University's repository of research publications and other research outputs

Exploring The Lived Experiences Of Unmarried Young Mothers In South-Western Nigeria

Thesis

How to cite:

Oluseye, Ayomide Oreoluwa (2021). Exploring The Lived Experiences Of Unmarried Young Mothers In South-Western Nigeria. PhD thesis The Open University.

For guidance on citations see [FAQs](#).

© 2021 Ayomide Oreoluwa Oluseye



<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Version: Version of Record

Link(s) to article on publisher's website:
<http://dx.doi.org/doi:10.21954/ou.ro.00012e79>

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's data [policy](#) on reuse of materials please consult the policies page.

oro.open.ac.uk



Exploring the lived experiences of unmarried young mothers in South-Western Nigeria

Ayomide Oreoluwa Oluseye

A Thesis Submitted to the Faculty of Wellbeing Education and Language Studies, The Open University UK, for the Degree of Doctor of Philosophy

January 2021

Abstract

Teenage pregnancy and motherhood are often constructed in contemporary, policy and academic discourses as social problems, resulting in poor health and socio-economic outcomes for mother and child. However, in the last decade, a considerable body of international research has not only begun to challenge these constructions; but to suggest that the constructions themselves may contribute towards negative consequences for the socio-economic and psychological wellbeing of unmarried teenage mothers. In Nigeria, negative perceptions towards unmarried teenage mothers persist and the potential consequences of these remain understudied. Adopting a social constructionist framework, this thesis analyses the social disadvantages associated with the negative social representations of teenage pregnancy and motherhood in South-Western Nigeria.

Using semi-structured interviews and photo-elicitation methods, the thesis explored the experiences of 24 young women who became first-time mothers between the ages of 15-19 years and when unmarried. These experiences were also critically triangulated with findings from semi-structured interviews with 10 key community informants. Data gathered were thematically analysed using Interpretative Phenomenological Analysis (IPA).

Findings from the study suggest that the construction of premarital teenage pregnancy and motherhood as problematic in Nigeria can affect unmarried young mothers in complex ways. Unlike many studies which attribute a cause-and-effect relationship to unmarried teenage motherhood and negative outcomes for both mother and child, this study suggests that the systematic stigmatisation and discrimination that results in educational disruption, limited employment opportunities, and reinforced gender inequality also contributes to poor outcomes among unmarried teenage mothers in South-Western Nigeria. This thesis also discusses how young mothers manage their negative representations within society, and how some were able to reconstruct positive identities for themselves. The thesis ends by suggesting potential social changes that might improve the life outcomes of pregnant teenagers and teenage mothers and challenge the negative social representation of teenage pregnancy and motherhood in Nigeria.

Acknowledgements

To God, for the Fortitude

To my supervisors; Professor Lesley Hoggart and Doctor Philippa Waterhouse for their immense support.

To my midwives (friends, family, and colleagues) who supported, pushed, and encouraged me during the birthing process of my PhD. For every listening ear, every word of advice, every feedback, and every connection, I remain grateful.

To my participants, for telling their stories.

To myself, for the bravery.

Declaration of Authorship

I declare that this thesis has been composed solely by myself and that it has not been submitted, either in whole or in part, in any previous application for a degree. Except where otherwise acknowledged, the work presented is entirely my own.

Table of Contents

1	Introduction.....	1
1.1	Conceptualization of the Thesis.....	1
1.2	Background of the study.....	3
1.2.1	Overview of teenage pregnancy and motherhood.....	3
1.2.2	Teenage pregnancy and motherhood in Nigeria	4
1.3	Research Aim	5
1.4	Research Questions	5
1.5	Justification of the Study.....	6
1.6	Thesis Outline.....	8
2	Research Context of Nigeria	10
2.1	Study location	10
2.2	Marriage in Nigeria	11
2.3	Family Systems in Nigeria	12
2.4	The educational structure of Nigeria	14
2.5	Economic growth and poverty in Nigeria	16
2.6	Teenagers, sexual activities, and Nigeria	17
2.7	Adolescent sexual and reproductive health (ASRH)	18
2.7.1	Sex Education and Contraception.....	19
2.7.2	Sexual and reproductive health (SRH) services	21
2.7.3	Abortion among adolescents in Nigeria.....	23
2.8	Factors associated with teenage pregnancy and motherhood in Nigeria	25
2.8.1	Poverty	25
2.8.2	Sexual coercion and violence.....	27
2.8.3	Family Structure	28
2.9	Conclusion.....	29
3	Literature Review	31
3.1	Search Strategy	31
3.2	Theoretical underpinning.....	34
3.3	The ‘problem’ of teenage pregnancy and motherhood as a global phenomenon.....	35
3.4	The emergence of teenage pregnancy and motherhood as a social problem in Nigeria.....	39
3.4.1	Deviation from religious values	42
3.4.2	Deviation from cultural norms.....	43

3.4.3	Socioeconomic outcomes and teenage pregnancy and motherhood.....	46
3.4.4	Health outcomes and teenage pregnancy and motherhood	48
3.4.5	Teenage pregnancy and motherhood, and poor outcomes for their children	49
3.5	Stigma and unmarried teenage mothers.....	52
3.5.1	Labelling.....	54
3.5.2	Stereotyping	55
3.5.3	Separation.....	56
3.5.4	Status loss and discrimination through exercise of power	57
3.5.5	Effects of stigma	59
3.5.6	Coping with stigma	61
3.6	The process of identity development during adolescence.....	63
3.6.1	Negotiating the social identity of a teenage mother	64
3.7	Conclusion	67
4	Methodology, research methods, and data analysis	69
4.1	Research paradigm, philosophical, and theoretical assumptions.....	70
4.2	Research approach and rationale.....	71
4.2.1	Interpretative phenomenological analysis (IPA)	73
4.3	Unmarried young mothers: study population and setting.....	78
4.4	Unmarried young mothers: selecting a sample.....	78
4.4.1	Determining the sample size	79
4.4.2	Recruiting the sample.....	79
4.4.3	The story of “the twelve”	82
4.4.4	Characteristics of young mothers.....	84
4.5	Unmarried young mothers: method of data collection	86
4.5.1	Combining visual methods with IPA interviews as a means of generating richer data ..	86
4.5.2	Preparing an interview guide.....	88
4.5.3	Pilot interview.....	89
4.5.4	Conducting the interviews.....	90
4.5.5	Buffer space	95
4.5.6	Issue of power in the research process	96
4.5.7	Ethical considerations.....	98
4.6	Key informants: study setting.....	101
4.6.1	Sampling procedures	101
4.6.2	Recruiting the sample.....	101
4.6.3	Data collection procedures.....	102

4.6.4	Ethics	103
4.7	Data protection and information security	103
4.8	Data analysis	104
4.8.1	Using field notes in data analysis	104
4.8.2	Primary Analysis	105
4.8.3	Translation of Transcripts	106
4.8.4	In-Depth Analysis	108
4.9	The thematic dilemma	118
4.10	Quality Assurance	118
4.11	Researcher role and reflexivity	122
4.12	Conclusion.....	127
5	Socio-cultural factors and patterns of teenage pregnancy and motherhood	128
5.1	The social construction of female sexuality in South-Western Nigeria	128
5.1.1	The virginity fixation	129
5.1.2	But boys will be boys.....	132
5.1.3	Sex is meant for adults.....	133
5.1.4	We did not do our part, but we'll blame you	136
5.2	Engaging in sex and getting pregnant: intentional or circumstantial?	137
5.2.1	I did not know I could get pregnant.....	137
5.2.2	Gendered power imbalances	139
5.2.3	Poor family support	141
5.2.4	Economic inequalities: the sugar-daddy phenomenon	142
5.2.5	Sexual coercion	143
5.2.6	We were in love	145
5.3	Summary and conclusion	146
6	Experiences of Stigma	148
6.1	Labelling	149
6.2	Stereotyping.....	151
6.3	Separation.....	153
6.3.1	Religious seclusion	154
6.3.2	Community seclusion	155
6.3.3	Courtesy stigma as a cause of separation.....	156
6.3.4	Emotional effects of separation: felt and internalised stigma.....	158
6.4	Status loss and discrimination	162

6.4.1	Status loss	163
6.4.2	Individual discrimination	164
6.4.3	Structural discrimination	165
6.5	Exercise of power	167
6.5.1	Educational stigmatisation	168
6.5.2	Reinforcement of stereotypes.....	170
6.5.3	Abuse as an exercise of power	171
6.5.4	Gendered stigmatisation	173
6.6	Summary and conclusion.....	174
7	Managing Stigma.....	177
7.1	Individual approaches to managing stigma.....	177
7.1.1	Belief in predestination	178
7.1.2	Avoidance	179
7.1.3	Change of Environment	181
7.1.4	Concealment.....	182
7.1.5	Cohabiting.....	184
7.2	Role of support in stigma management	186
7.2.1	Role of partner support in stigma management	187
7.2.2	Role of financial support in stigma management.....	190
7.2.3	Role of educational support in stigma management	192
7.2.4	Role of supportive family and communities in stigma management.....	195
7.2.5	The nature of communal support.....	198
7.2.6	Effect of support on participants' reflections of their experiences.....	199
7.3	Summary and Conclusion	200
8	Social representations of teenage motherhood and its interplay with young mother's identities.....	202
8.1	Internalizing a spoiled identity	203
8.1.1	Negotiating 'the pregnant teenager' identity	203
8.2	Rejecting a spoiled identity	205
8.2.1	The need for abortion.....	206
8.3	Impacts of the negative social representation of teenage pregnancy and motherhood on the identity development of young mothers.....	210
8.3.1	Unresolved identity crisis: " <i>my child is my obstacle</i> "	210
8.3.2	Positive identity reconstruction: " <i>being a teenage mother is not that bad</i> "	213
8.4	Summary and conclusion.....	224

9	Conclusion and Recommendation.....	226
9.1	Summary of key findings.....	227
9.1.1	RQ 1: What are the prevailing socio-cultural factors contributing to unmarried teenage pregnancy and motherhood within the study setting?	228
9.1.2	RQ 2: How does the social construction of teenage pregnancy and motherhood in South-Western Nigeria affect young mother’s experiences of unmarried pregnancy and motherhood?	229
9.1.3	RQ 3: How do unmarried young mothers cope with and manage their social representations within the society they live in?.....	231
9.1.4	RQ 4: How do unmarried young mothers navigate their identities in response to the negative social representations of teenage pregnancy and motherhood within society?	233
9.2	Recommendations and implications for further research.....	235
9.2.1	Public awareness and public policy.....	235
9.2.2	Educational interventions	236
9.2.3	Health interventions	237
9.3	Limitation of the study.....	238
9.4	Implications for further research.....	239
9.5	Reflections on the research process	240
9.6	Summary and Conclusion	242
10	References	244
11	Appendix A- Young Mother’s Interview Guide.....	285
12	Appendix B- Young Mothers Information Sheet	287
13	Appendix C- Young Mother’s Informed Consent Form	289
14	Appendix D- Key Informants’ Information Sheet	291
15	Appendix E- Key Informants’ Interview Guide.....	293
16	Appendix F- Key Informants Informed Consent.....	294
17	Appendix G – Derivation of Themes	296

List of figures

Figure 1: Thematic framework for unmarried young mother’s experiences of stigma (adapted from Link and Phelan, 2001)..... 149

List of Tables

Table 1: Percentage of women aged 15-19 years who are pregnant and have begun childbearing, 2018 NDHS.....	5
Table 2: Detailed search strategy	32
Table 3: Recruitment Process.....	82
Table 4: Young mothers' socio-biographic details	85
Table 5: Key Informants socio-biographic details	102
Table 6: Stage one of IPA showing a line-by-line analysis of a young mother's transcript.	111
Table 7: Examples of phrases identified	112
Table 8: Code derivation.....	113
Table 9: Stage two of IPA; Derivation of themes	114
Table 10: Stage three of IPA: Abstraction	115

Acronyms

ASRH	Adolescent Sexual and Reproductive Health
CDC	Centre for Disease and Control prevention
CNN	Cable News Network
DPIA	Data Impact Assessment
FMoH	Federal Ministry of Health Nigeria
GDPR	General Data Protection Regulation
HREC	Human Research Ethics Committee
IPA	Interpretative Phenomenological Analysis
LMICs	Low- and Middle-Income Countries
NDHS	Nigerian Demographic Health Survey
NPC	National Population Commission
OU	Open University
PEM	Photo-Elicitation Method

RQ	Research Question
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

Chapter One

1 Introduction

This chapter provides an overview of the thesis. First, it begins by providing a discussion of how this thesis was conceptualised and proceeds to give brief background information on the nature of teenage pregnancy and motherhood. The aims and objectives of the thesis, as well as the justification of the proposed research, are also discussed. Finally, this chapter concludes by providing a synopsis of each of the remaining chapters in this thesis.

1.1 Conceptualization of the Thesis

“Show a people as only one thing over and over again, and that is what they become”.

- Chimamanda Ngozi Adichie, (2009)

Growing up in South-Western Nigeria, I had always been taught that the reputation of my family depended on how moral I was. For people in my culture (the Yoruba culture of South-Western Nigeria), the concept of morality for females strongly included not getting pregnant out of wedlock. I was constantly reminded that if I got pregnant, there would be consequences; I could risk losing my family, education, and future in the process. The societal institutions I was surrounded by also reinforced these ideas by constantly portraying pregnant teenagers and teenage mothers as poor, unhappy, and dejected. More importantly, these institutions depicted these girls as solely responsible for their pregnancies. By so doing, they instilled a worldview in me; *“if you want to be successful in life, don’t get pregnant young and out of wedlock”* and this shaped my perception of teenage pregnancy and motherhood such that I began to see it in one light: as a pathway to poverty.

Because my worldview was aligned with the predominant norms of my society, there was never a need to question it. In my mind, it was that simple; *“If you get pregnant young or out of wedlock, it is your fault, and you should bear the consequences”*. So, like others, I saw teenage pregnancy and motherhood as a social problem and a risk to be averted and this informed my perspectives for a very long time. When I first got into the PhD programme, I still held on to this viewpoint as my initial research aim was focused on preventing teenage pregnancy and motherhood in South-Western Nigeria. When my supervisors encouraged me to take a more holistic approach to considering the concept of teenage pregnancy and motherhood, I initially

always wondered why. For me, it was clear; “*pregnancy is bad for young girls.*” I struggled with this for a few weeks until I went to a seminar and heard a professor talk about her life as a teenage mother. She described how she deliberately got pregnant as a teenager because she knew the kind of life she wanted and hoped to fully dedicate herself to that life with no distractions—including motherhood. It shocked me that she willingly took such a decision and still turned out well, but I quickly rationalised that she only had a good outcome because she was from a high-income country. Not long after, I began to delve into the stories of successful women in Nigeria and realised that a few had also been teenage mothers. This led me to the following questions:

Why had I never come across these stories before? Why did Nigerian society cover up these aspects of their stories? Was it to control our thinking and deter us from seeing teenage pregnancy and motherhood in an alternative light?

Based on this, I began to question my mindset regarding the subject matter. The more I read, the more I realized that my worldview had been purposely shaped, to fulfil the rules and norms of my society. While it worked for me because I was obedient to it, it served as an obstacle to others that disobeyed. From my preliminary research, I noted that for many in Nigeria (especially in the South-Western region), being a pregnant teenager or a teenage mother is difficult. Due to the way teenage pregnancy and motherhood is viewed, these young women often have to deal with people’s negative opinions about them while struggling to take care of themselves and their infants. They are often abandoned by their partners, families and friends, and their conditions are sometimes worsened by discriminatory institutional practices (such as expulsion from school, employment discrimination and ostracization from communal gatherings).

Although these consequences have largely been portrayed as young mothers’ faults, it is imperative to note that Nigeria is a highly moralistic and religious society where sexual discourses are often excluded from mainstream discussions. Hence, many teenagers have limited knowledge of their reproductive health. The question that then came to my mind was;

How far does society go to maintain its social order concerning sexuality and morality?

Based on this formative question, I became interested in exploring the lived experiences of unmarried young mothers in South-Western Nigeria and how their social representations within society impact on their quality of life.

It was from this journey that this thesis was born.

1.2 Background of the study

To begin this discussion, it is important to note that numerous terms are used in different ways (for example adolescents, teenagers and young). Whilst these terms are often used ambiguously or interchangeably in the literature, they sometimes refer to different developmental periods or age ranges – which there can be a lack of consensus about. In many contexts, the term ‘adolescents’ and ‘teenagers’ are often used interchangeably. This is because the timeline of teenage hood often occurs within adolescence. For example, Sawyer et al., (2018), notes that teenage-hood spans the ages of 13-19 years while the World Health Organization (WHO, 2020a) defines adolescence as a period of development between puberty and adulthood, usually within the ages of 10-19 years. Thus, whilst the age ranges are different, there is an overlap and teenagers are sometimes referred to as adolescents and vice versa.

Additionally, due to the perceived stigma surrounding the term ‘teenage mother’, many academic discourses, particularly in high-income settings often describe teenage mothers as young mothers. Since the term ‘adolescent’ and ‘teenager’; ‘young mother’ and ‘teenage mother’ often overlap in literature, in this thesis, I will also use these terms interchangeably when reviewing the literature. The term ‘young mothers’ will also be used systematically in the analysis of this thesis as young mothers preferred to be described in this way (this will be discussed in further detail in Chapter Four).

Adolescents aged 10-19 years currently account for 16% of the world’s total population and is expected to increase to over 28% by 2040 (United Nations International Children’s Emergency Fund (UNICEF), 2019a). This age period is characterized by exploration and experimentation, which is associated with changes in emotions, an increasing need for independence and awareness of sexuality (Sawyer et al., 2018). Due to this, teenagers are sometimes considered to be ‘at risk’ because their exploration of their sexuality can lead them to engage in unprotected sexual activities which may result in pregnancy (Center for Disease and Control Prevention (CDC), 2020).

1.2.1 Overview of teenage pregnancy and motherhood

Adolescent pregnancy and motherhood are global phenomena, often associated with public policy concerns (Mollborn, 2017; WHO, 2020b). According to the WHO, (2020b),

approximately 21 million pregnancies occur annually in girls aged 10-19 years. Estimates of adolescent birth rates are frequently reported in separate categories; for those aged 10-14 years and those aged 15-19 years. However, due to the relatively low birth rate and underreporting of pregnancy and motherhood among those aged 10-14 years, data are not often routinely collected or measurable (United Nations (UN), 2019; Maly et al., 2017). Thus, most estimates reporting on the prevalence of pregnancy and motherhood among teenagers mostly focus on the prevalence in late adolescence (15-19 years) (*ibid*).

In a review of data collated across different countries on pregnancy and birth outcomes among adolescents, the average global adolescent birth rate was estimated to be 44 births per 1,000 women aged 15-19 years (UNICEF, 2019b). This is likely to be an under-estimate due to incomplete national statistics in many low- and middle-income countries (LMICs) and possible bias reporting in national surveys (*ibid*). While the global average birth rate for women aged 15-19 years has decreased by 11.6% in the last decade (Ganchimeg et al., 2014), large variations still exist across the regions. In a report by UNICEF (2019b) to determine the adolescent birth rate per country, this rate was noted to be highest in West and Central Africa, with an average birth rate of 115 live births per 1,000 women aged 15-19 years and lowest in Europe with a birth rate of 13 live births per 1,000 women aged 15-19 years. From the report, a comparison between high income and LMICs demonstrates that while adolescent birth rates are relatively lower in high-income countries, live births among adolescents in West and Central Africa are more than double the global average (UNICEF 2019b).

Nigeria has a live birth rate of 120 live births per 1,000 women aged 15-19 years. Although this rate is lower compared to the other countries in West and Central Africa (such as the Central African Republic, Mali, Niger, Chad and Angola), it is however important to note that the large population of Nigeria (205 million) means that small rates translate into large absolute numbers (World Bank, 2019a). Thus, women aged 15-19 years account for approximately 1.6 million of births in Nigeria annually (World Bank, 2019b).

1.2.2 Teenage pregnancy and motherhood in Nigeria

According to the Nigerian Demographic Health Survey (NDHS), an estimated 19% of women aged 15-19 years have begun childbearing while an additional 4% are pregnant with their first child (see Table 1) (National Population Commission (NPC), 2019). There are arguments to suggest that while the 2018 NDHS is a nationally representative study that analyses responses

of large sample sizes, women aged 15-19 years are likely to underreport pregnancies because of its associated stigma (Bankole et al., 2015). Hence, the prevalence of teenage pregnancy and motherhood in Nigeria may be higher than estimated. Nevertheless, the NDHS provides useful information regarding the incidence of teenage pregnancy and motherhood in Nigeria.

Table 1: Percentage of women aged 15-19 years who are pregnant and have begun childbearing, 2018 NDHS.

Age (Years)	Pregnant with first child (%)	¹ Begun childbearing (%)
15	1.5	2.4
16	3.9	8.4
17	4.7	21.3
18	6.1	30.6
19	6.1	37.0
Total Percentage	4%	19%
Average		

Source: (NPC, 2019).

While teenage pregnancy and motherhood as a phenomenon are of interest to be studied, pregnancy and motherhood among unmarried teenagers are the focus of the thesis. Thus, this study aims to explore the lived experiences of teenage pregnancy and motherhood among unmarried teenage mothers in Nigeria.

1.3 Research Aim

To improve understanding of the lived experiences of unmarried young mothers in relation to teenage pregnancy and motherhood in South-Western Nigeria.

1.4 Research Questions

- What are the prevailing socio-cultural factors contributing to unmarried teenage pregnancy and motherhood within the study setting?

¹ Begun childbearing refers to the percentage of teenagers who are teenage mothers.

- How does the social construction of teenage pregnancy and motherhood in South-Western Nigeria affect young mother's experiences of unmarried pregnancy and motherhood?
- How do unmarried young mothers cope with and manage their social representations within the society they live in?
- How do unmarried young mothers navigate their identities in response to the negative social representations of teenage pregnancy and motherhood within society?

1.5 Justification of the Study

Similar to many policies and quantitative studies carried out in high-income settings, scientific and contemporary literature in Nigeria characterize teenage pregnancy and motherhood among unmarried teenagers as a negative phenomenon that carries social, economic and health disadvantages for both the mothers and their children (Adegbola & Sanusi, 2019; Macleod & Feltham-King, 2019; Garba et al., 2016; Izugbara, 2015). However, a considerable body of international research is now challenging the negative notions about teenage pregnancy and motherhood (for example; Arai, 2009b; Stapleton, 2010), by focusing on possible positive outcomes and how social support can help teenage mothers have better future outcomes (Jones et al., 2019; Wenham, 2016). This is presently not the case with research conducted in Nigeria. It is therefore important to explore the social, economic and wellbeing implications of being a young unmarried mother in Nigeria (Arai, 2009a; Macleod & Feltham-King, 2019).

Currently, while there is a substantial amount of quantitative research on the negative associations between teenage pregnancy and motherhood with educational and health outcomes (for example Amoran, 2012; Ayuba & Gani, 2012; Izugbara, 2015), very few qualitative studies have explored teenage pregnancy and motherhood in Nigeria. Two qualitative studies which have been carried out in Nigeria have focused on the experiences of married teenage mothers in Northern Nigeria (Erulkar & Bello, 2007), and the coping strategies that mothers aged 13-20 years adopt to earn a living in South-Western Nigeria (Melvin & Uzoma, 2012). Presently, there appears to be an absence of qualitative research which has explored the experiences of teenage pregnancy and motherhood from unmarried teenage mothers' viewpoints, to critically engage with how they are being represented, based on their narratives.

Although many countries in sub-Saharan Africa view teenage pregnancy and motherhood as a negative phenomenon, in countries such as South Africa, many scholars have begun to challenge

these negative representations (for example Macleod & Feltham-King, 2019; Nkani & Bhana, 2010; Shefer et al., 2013). These studies have focused on young mothers in education; the discourse surrounding teenage pregnancy; and how it is constructed as a threat to social order. Similarly, studies conducted in high-income settings have also focused on how discourses surrounding early pregnancy and motherhood affect young mothers' health and socio-economic wellbeing (Stapleton, 2010; Arai, 2009b; Duncan et al., 2010).

As Nigeria is still primarily concerned with presenting teenage pregnancy and motherhood as a social problem, it is important that research is undertaken to understand the exacerbation of social disadvantages that may occur, due to discourses surrounding unmarried teenage pregnancy and motherhood in Nigeria. Unlike most of the studies which have been carried out, this study will also explore how these negative discourses influence and affect unmarried teenage mothers' lived experiences in South-Western Nigeria. Consequently, this will contribute to the limited literature available in sub-Saharan Africa on the deconstruction of teenage pregnancy and motherhood as a social problem.

In western societies, it has been argued that lack of representation in policymaking can cause unmarried teenage mothers to face marginalisation by having dominant groups determine how they should be catered for (Duncan et al., 2010). Rarely are their perspectives taken into consideration and as a result, unmarried teenage mothers and their children are ill-served by existing interventions, which are based on the idea that teenage pregnancy and motherhood is always a problem (Arai, 2009b; Duncan et al., 2010). It is thus suggested that teenage mothers' voices be at the centre of interventions aimed at providing support for them (*ibid*). Applying this to a Nigerian context, there is limited literature on the experiences of unmarried young mothers to inform policies as they are often ignored in constructions of pregnancy and motherhood and are overlooked in research and interventions. Thus, it can be implied that policies relying on the conceptualisation of teenage pregnancy and motherhood as a problem may struggle to be transformative. It would be helpful to explore the subjective experience of teenage pregnancy and motherhood and how this impacts on the quality of life of unmarried young mothers. It is possible that this will inform policy perspectives on the implementation of appropriate interventions for unmarried young mothers and help to place the voices of unmarried young mothers at the centre of policy decisions.

Additionally, conducting this research can provide fresh insights into young mothers' experiences that may contribute towards an attitude change among policymakers, health practitioners and the community at large. This might improve the life-options of unmarried teenage mothers in Nigeria.

1.6 Thesis Outline

The remainder of this thesis is organized into eight chapters and it is expected that the synopsis (as presented below) will act as a guide for the reader.

Chapter two provides a contextual background and socio-demographic profile of Nigeria by critically examining its educational, population and family structure, as well as the sexual and reproductive health of teenagers in Nigeria.

Chapter three positions this thesis within a wider research context by presenting what is known from interdisciplinary literature on teenage pregnancy and motherhood and reviewing existing empirical literature on the subject matter. In this chapter, using a social constructionist framework, I highlight how the social, academic, and contemporary discourses surrounding teenage pregnancy and motherhood, shape the social representations of pregnant teenagers and teenage mothers globally, and in Nigeria. Additionally, using western and Nigerian literature, the stigmatisation of teenage pregnancy and motherhood and the potential impacts that these have on the identity development and life outcomes of pregnant teenagers and teenage mothers are discussed.

Chapter four is divided into three parts. The first section of this chapter discusses the epistemological and ontological perspectives guiding this study and how the proposed methods align with these perspectives. The research approach (Interpretative Phenomenological Analysis (IPA)) and design (qualitative interviewing) are also considered. In the second section, I discuss my research participants, the data collection process, the research methods, ethical considerations, and my experiences of the research processes. In the third and final section of this chapter, I discuss the 'two-stage data analysis method' that I adopt using IPA and I describe how trustworthiness was achieved during the research process. My role and positioning within the research are also discussed.

Chapter five, six, seven and eight constitute the results section of the thesis. Chapter five provides an in-depth exploration of the socio-cultural context of the study participants as well as the effects of these societal values and norms on the vulnerability of teenage girls to

unintended pregnancies. It also explores the various factors (such as economic inequalities, sexual coercion) which contributed to early pregnancy and motherhood among some of the study participants. These findings were then situated within the operational discourses on female sexuality within the study setting.

In chapter six, I discuss young women's experiences of stigma at both interpersonal and institutional levels of society, as well as how these experiences affected their state of wellbeing. Using Link and Phelan's (2001) analysis of the manifestations of stigma, I demonstrate how the processes of stigma (i.e., labelling, stereotyping, separation, status loss and discrimination, exercise of power) operationalize in a vicious circle to reinforce negative outcomes amongst unmarried young mothers.

In chapter seven, I discuss the various coping mechanisms which young mothers in this study employed to manage stigma and the strategies which helped in stigma management. The analysis of the findings in this chapter provides insights into how unmarried young mothers enact agency and the factors which hinder/promote their agency. In this chapter, I show that the utilization of coping strategies is not linear but complex and I conclude by discussing the roles that societal institutions (such as the society and the family) play in managing or worsening the effects of stigma amongst young mothers.

Chapter eight discusses how young women negotiate the social representation of teenage pregnancy and motherhood in the construction of their identities. Here, I look at how these social representations hinder or promote positive identity constructions amongst them. Attention is also paid to how unmarried young mothers try to resolve the acquisition of a *spoiled* identity (through abortion) and how they challenge their negative representations in the society (through resilience and adoption of positive maternal roles).

Chapter nine, the concluding chapter, provides a discussion of how the result findings address the research questions proposed by this study. It also highlights the contribution of this study to the existing literature on teenage pregnancy and motherhood. Recommendations for future research, the limitation of the study and its implications as well as my reflections on the whole research process are also discussed.

Chapter Two

2 Research Context of Nigeria

The aim of this chapter is to set the research within its social and cultural context and show how the prevalent practices in Nigeria influence the perception of teenage pregnancy and motherhood. A further objective of this chapter is to familiarise the reader with the research problem, highlight the gaps in the literature and demonstrate how this thesis will contribute to limited knowledge on teenage pregnancy and motherhood in Nigeria. In this chapter, the geographical and socio-demographic characteristics of Nigeria such as marriage, ethnicity, family, educational and population structure of Nigeria are discussed. Additionally, pertinent issues such as adolescent sexual and reproductive health, as well as the associated factors and barriers are also reviewed to determine its implications for unmarried teenage mothers and pregnant teenagers.

2.1 Study location

Nigeria is the most populated country in sub-Saharan Africa with a population of approximately 205 million people (World Bank, 2019a). It is a federal constitutional republic that covers 910,768 square kilometres of land in West Africa, and it is bordered by Benin, Cameroon, Chad, Niger, and 853km of coastline, on the Gulf of Guinea (World Bank, 2014). According to the World Bank (2019a), approximately 51.2% of Nigeria's population live in urban areas while 48.8% live in rural areas. Although the population of people living in the urban areas are higher than those in the rural areas, the higher fertility rates, poor infrastructure and limited accessibility to health services in the rural areas (Reed & Mberu, 2014), significantly impact pregnancy and motherhood outcomes.

Nigeria is a culturally diverse and multi-ethnic federation, grouped into six geopolitical zones namely: North-Central, North-East, North-West, South-East, South-South, and South-West (NPC, 2019). The major ethnic groups in Nigeria are the Hausa-Fulani, Igbos and Yoruba. This research will be conducted in the South-Western region of Nigeria. The South-Western region of Nigeria comprises of six states; Osun, Ogun, Oyo, Ondo, Ekiti and Lagos and is dominated by the Yoruba ethnic group (Fadamiro & Adedeji, 2016). Compared to other major ethnic groups in Nigeria (i.e., the Hausa-Fulani and Igbos), the Yoruba ethnic group is differentiated by its educational, religious, and cultural values (*ibid*).

The Yoruba ethnic group has high levels of educational attainment as their literacy rates are estimated to be at 75% which is higher than the national average of 62% (World Bank, 2019c). Thus, there is a personal value for education amongst its indigenes as it is believed to be closely tied to economic prosperity (Oluremi, 2015). This region is also characterized by strong kinship ties, patriarchy, strong religious (such as Islam and Christianity) and cultural undertones (Adetiba & Rahim, 2012). This will be discussed in further detail in the following sections.

2.2 Marriage in Nigeria

Marriage is an important institution in Nigeria as it involves the union of not only two individuals but the extended families to which they belong (Smith, 2010). Cultural norms and practices regarding marriage determine the extent to which individuals can exercise autonomy over their sexual and reproductive health (SRH) (Mobolaji et al., 2020). Due to prevalent religious practices (Christianity and Islam) among the Hausa-Fulani, Igbos and Yoruba which emphasize abstinence until marriage, the value placed on female virginity is high and this is often used to control women's sexuality (Langer & Ukiwo, 2008). This has led to the acceptability of child marriage among the Hausa-Fulani (the predominant ethnic group in the North), which often causes educational disruptions, limiting females' knowledge of their SRH and choices, and consequently predisposing them to poor obstetric outcomes, high maternal mortality and fistula (Mobolaji et al., 2020).

While religion is one of the primary reasons why the Yoruba people revere female virginity, the cultural norms and practices which tie a woman's virginity to her bride price, value and identity also underpin the reverence for virginity within this ethnic group (Familusi, 2012). In South-Western Nigeria, the negotiation process of marriage involves the payment of bride price by the man (Ogundare, 2010; Smith, 2010), a tradition still practised till today. Among the Yoruba, a virgin is considered more valuable and attracts a higher bride price than those who are not (*ibid*) (this will be discussed in further detail in chapter three). Due to the importance of bride-price, particularly as a symbol of honour for the female and her family, pre-marital cohabitation and pregnancy out of wedlock is heavily stigmatised as it suggests an engagement in sexual activity (Familusi, 2012). Thus, the sexual expression for females within the area is influenced by cultural norms (which suppresses the female expression of sexuality outside marriage) rather than the sexual and reproductive interests of the individual (Rotimi, 2016).

Female teenagers living within the Yoruba ethnic group may therefore experience constraints in reproductive decision-making as efforts to exert sexual autonomy may be blocked by prevalent socio-cultural practices within the region (this will be discussed in more detail in section 2.6). Coupled with individual characteristics, cultural practices regarding marriage thereby play a major role in determining a female's SRH outcome.

2.3 Family Systems in Nigeria

In Nigeria, marriage is the bedrock upon which families are formed (Ogundare, 2010). The family operates a patrilineal family system and this cuts across all ethnic groups (*ibid*). Traditionally, Nigeria follows the extended family structure formation which comprises of generations of closely knitted relatives (such as grandparents, uncles or aunts), married couples and their children, living together in a house or a compound (Otite, 1991). This living arrangement is argued to be due to the early agricultural nature of the Nigerian economy which implied that people were bound by their farmland and had to live close to it (Jiboye & Ogunshakin, 2010). Thus, younger generations and their families lived near their kin to provide support and sustain their family business (i.e., farming) (*ibid*).

The total fertility rate in Nigeria is 5.32 children per woman (World Bank, 2019b). Although parents are primarily responsible for the nurturance and guidance of their children, in the past, there was a socially distributive model of childrearing whereby nurturing and financial support for children was shared collectively with kin (Jiboye & Ogunshakin, 2010; Otite, 1991). However, in more recent years, the growth of urbanization, driven by an increase in rural-urban migration for better educational and economic opportunities has caused a gradual shift from these extended type of family structures to more nuclear family structures (Fox et al., 2018; Ogundare, 2010).

A consequence of this shift is the complication of kinship ties and the provision of social, material and financial support offered by close-knit relatives (Jiboye & Ogunshakin, 2010). Studies investigating the effect of urbanization on family structures have argued that even in the light of increasing nuclearization of the family, the extended family and the nuclear family are adapting to the new structure and finding ways to support each other (Aliyu & Amadu, 2017). For example, among the Yoruba ethnic group, findings show that despite the changes in family structures as a result of urbanization, they still regard the needs of their extended families as a strong obligation and maintain strong social ties through cash and kind remittances (Asiyanbola,

2010). Nevertheless, there are still significant impacts of urbanization and migration on family structures and the ability of kin to provide certain forms of support, especially where there is physical distance.

In addition to constraints faced by kin to provide support, it has been argued that norms around family support are changing. The adoption of individualism (an outcome of western education) coupled with the poor economic situation of the country (see section 2.5) is affecting financial obligations and devotion from the nuclear to the extended family and vice versa (Aliyu and Amadu, 2017). In an early study by Obikeze, (1987) on education and the extended family in Nigeria, he noted an increasing unwillingness for the retainment of extended family structures and obligations due to an increase in living standards, economic factors and rising levels of education. Over the years, other scholars have also noted that modernization is gradually causing an erosion in the traditional strength of family structures and obligations as many individuals now view providing material and social support for poor relatives or relatives in need as an unpleasant duty (Aliyu & Amadu, 2017; Asiyanbola, 2010). Thus, the increasing isolation of the nuclear family from the extended family may therefore imply that some individuals within the nuclear family may lack support and assistance from their kin (Aliyu and Amadu 2017).

Additionally, while time-series data on the evolving nature of family structures in Nigeria are lacking, data gathered from the NDHS data (between 2003, 2008, 2013 and 2018) show that there is a growing trend of lone parenthood in Nigeria, arising from separation, divorce, and spousal death (NPC, 2019). In a study by (Olajide, 2014), he noted that due to poor labour market prospects in Nigeria, men may have to leave their spouses and children behind in search of work elsewhere, leading to family breakdown and in some cases, separation. Additionally, increasing female economic participation (*ibid*) and the reduction in the stigmatisation of divorcees has also empowered women to be able to leave abusive relationships, contributing to the trend of single parenthood in Nigeria (Lazarus et al., 2017).

These transitions within family structures (from extended to nuclear and from two-parent households to single-parent households) have both social and health implications for children within these families. In a study by Mberu (2007) exploring household structure and living conditions in Nigeria, it was noted that single-headed households were significantly poorer and living in adverse conditions in comparison to two-parent households. These living conditions can predispose children living within these families to circumstances where they engage in transactional sex for money (Kunnuji, 2014). Additionally, studies conducted across Nigeria

show that children from single-parent families are more likely to have poor academic performance and engage in juvenile and risky sexual behaviours, predisposing them to early or unplanned pregnancies (Ajayi & Okeke, 2019; Olaitan, 2017; Sanni et al., 2010). The adverse social and economic outcomes associated with family dynamics in Nigeria can predispose young people to situations where they are constrained in their abilities to negotiate reproductive control. Thus, this overview makes a case for exploring the social and economic context within which pregnancy and motherhood occur among unmarried teenagers in Nigeria and the norms surrounding family support with regards to childrearing.

2.4 The educational structure of Nigeria

Nigeria began to invest in educational infrastructure and expansion between 1944 and 1960 (Fafunwa, 2018). In 1948, the first educational legislation known as the 1948 Education Ordinance Plan was established in Nigeria and a layout was designed which emphasized decentralized educational administration within regions and provided access to foreign grant aids for schools (Fafunwa, 2018; Igbuzor, 2006). While this educational plan kickstarted education in Nigeria, it was not without its drawbacks (Fafunwa, 2018). First, due to the decentralization of education, the educational system was not uniform across the Northern and Southern regions of Nigeria (*ibid*). Thus, there existed different educational durations for primary and secondary school education. Second, because education was primarily established by Christian missionaries for the propagation of the gospel, individuals in the Northern parts of Nigeria (who were predominately Muslims) were not readily welcoming of western education as they preferred to send their children to Qur'anic schools which mostly focused on Islamic teachings and culture (Mberu, & Pongou, 2016). As such, early grant aids given to mission schools habitually excluded the Northern states, leading to an educational gap between the Northern and Southern parts of Nigeria (Mberu, & Pongou, 2016).

To bridge the educational gap and illiteracy levels between the Northern and Southern regions of the country, and lay a stronger foundation for national educational integration in Nigeria, the 1977 National policy on education was developed (Fafunwa, 2018). The new policy also introduced the 6-3-3-4 educational system modelled after the American educational system (Uwaifo & Uddin, 2009). The 6-3-3-4 system comprised of 6 years primary education; 6 years secondary education divided into two three-year cycles (i.e., 3 years junior secondary education and 3 years senior secondary education) and; 4 years minimum tertiary education (*ibid*). Primary education typically occurred between the ages of 6-11 years; junior secondary education

between the ages of 12-14 years; senior secondary education between the ages of 15-17 years; and tertiary education, from 18 years upwards (Ikoya & Onoyase, 2008). However, it is important to note that the late start of schooling and grade repetition might influence an individual's age at each stage of schooling.

Although this policy accelerated primary school enrolment and had positive impacts in educationally under-developed states, the trend was not commensurate with rising population figures (Igbuzor, 2006). Additionally, the oil crash in the world market in the 1980s further brought about a crisis in educational funding due to a decline in the country's revenue, as Nigeria heavily depended on petroleum products to thrive (Nwagwu, 1997). This resulted in reduced primary education funding and the introduction of school fees, causing stagnation in school enrolment across many states in the country (Igbuzor, 2006).

In 1999, the educational policy was revised to focus on the developmental needs of the country (Ikoya & Onoyase, 2008). This brought about the implementation of the Universal Basic Education (UBE) (*ibid*). Despite these reforms, there remains poverty, geographical and gender inequalities in access to education in Nigeria (Dev et al., 2016). In a 2020 report by UNICEF on education in Nigeria, it was reported that approximately 11 million children are out-of-school (UNICEF, 2020). Across regions, only 61% of children were regularly attending school and these estimates reduced to 53% in the North (*ibid*). Gender disparity also exists in access to education in Nigeria and tends to widen at secondary and tertiary levels (World Bank, 2019c). A 2014 situational analysis of girls' secondary education in Nigeria noted that approximately 60% of out-of-school children in Nigeria are females (British Council, 2014). The report also noted that more than 12% of females never complete primary education (*ibid*). This widening gender disparity at secondary education enrolment for females are detrimental to their SRH as most sex education programs are majorly provided in secondary schools, excluding out of school females (World Bank, 2019b).

While regional differences may exist in (gender) access to education in Nigeria, as there is evidence to show that this disparity is higher in the Northern states than in the South, significant challenges still exist across regions in access to education among females (Dev et al., 2016). For example, there is evidence showing strong associations between child marriage and educational disruption, particularly in the Northern areas (Mobolaji et al., 2020). Poverty has also been noted to further marginalize girls as in instances where families have limited resources, boys are given more preference for education while girls are withdrawn to cater to caring responsibilities in the

home (Akinbi & Akinbi, 2015; Tuwor & Sossou, 2008). Discriminatory educational practices such as the expulsion of teenage mothers in school (Onyeka et al., 2012) also contribute to the widening gender gap in education in Nigeria (this will be discussed in more detail in chapter three).

In Nigeria, education is closely correlated with improved socio-economic status and wellbeing. This study therefore recognizes the need to examine the intercorrelation between education, stigma, teenage pregnancy and motherhood, and the procurement of better life outcomes.

2.5 Economic growth and poverty in Nigeria

With diverse natural resources, Nigeria is the largest oil exporter and home to one of the biggest natural gas reserves in Africa (Jaiyeola & Bayat, 2020; World Bank, 2019a). The annual average growth rate of its per capita GDP is 2.7%, making it the region's biggest economy (World Bank, 2019a). Despite these significant economic growth rates and the presence of vast natural resources, Nigeria still battles with the problem of unemployment and poverty (Egunjobi, 2014; Oduwole, 2015). Nigeria retains a high level of poverty; currently, about 40.1% of its population is estimated to be below the poverty line (here defined as less than \$381.75 annually) and evidence suggests that this percentage may continue to rise (World Bank, 2020).

While there is a consensus that being employed can bring about a form of economic stability and lift individuals out of poverty, employment does not always secure an escape from poverty as people can be employed and still be in poverty (Egunjobi, 2014). Although gender disaggregated data on employment in Nigeria is lacking, evidence suggests that more women than men currently work in the informal sector (such as farming and trading) and those employed in the formal sector are mostly underpaid (Enfield 2019). Additionally, due to the gender gap in education which limits the occupational choices and employment of women, it is estimated that almost twice as many women live below the poverty line (here defined as less than \$381.75 annually) (Enfield, 2019; World Bank, 2019a).

Similarly, while unemployment and poverty cut across a wide range of age-groups in Nigeria, young people, particularly women, have been noted to be particularly affected (Akande, 2014). In a report by the Nigerian Institute of Social and Economic Research (NISER) (Akande, 2015), it was estimated that approximately two-thirds of unemployed people in Nigeria are between the ages of 15-24 years, with females accounting for more than half of this prevalence. Analysis of youth unemployment by geographical location also indicates that there is a significant

variance between rural and urban areas with unemployment occurring mostly in rural areas (52% vs 18%) (*ibid*). To mitigate this, several programs such as the Graduate Internship Scheme (GIS), Youth Enterprise with Innovation in Nigeria (YOU-WIN), and Women and Youth Empowerment (CSWYE) have been put in place to provide job opportunities (Akande, 2014). However, these job creation and poverty alleviation schemes remain inadequate and insufficient in reducing human capital poverty in Nigeria (Jaiyeola & Bayat, 2020).

As teenagers are a vulnerable population with limited autonomy, life skills and education, they can be disproportionately affected by the impacts of poverty and unemployment in Nigeria. This is an important element for the backdrop for the exploration of the lived experiences of unmarried young mothers as they might be more vulnerable to these economic challenges and shocks.

2.6 Teenagers, sexual activities, and Nigeria

Teenagers constitute a large proportion of the population of Nigeria (Odo et al., 2018). National statistics show that about 23% (43 million) of the country's population are between the ages of 13-19 years (World Bank, 2019b). As the population of Nigeria is estimated to grow from 205 million in 2020 to 392 million in 2050, it has been projected that Nigeria may become the third most populous country in the world (World Bank, 2019a). Based on these projections, it is estimated that the teenage population will also double at its current rate (World Bank, 2019b). It is therefore important to examine the health and wellbeing of Nigeria's teenagers as they constitute a major demographic group with consequences for country growth and development (WHO, 2020).

In Nigeria, studies have reported that a significant proportion of women aged 10-19 years are sexually active (Fagbamigbe & Idemudia, 2017; Yaya & Bishwajit, 2018; Nnebue et al., 2016). Additionally, evidence suggests that there exist gender differences at the age of sexual initiation (Adebowale et al., 2017; Inyang, 2014). Data from the 2018 NDHS report that 19% and 57% of women aged 20-49 years engaged in sexual intercourse before the age of 15 years and 18 years, respectively. This contrasts with 3% and 30% of men within the same age-group indicating that women aged less than 15-19 years may be having sex with older men (this will be discussed further in section 2.7.1). This engagement in sexual activities among females has also been noted to vary significantly across regional and geographical areas (NPC, 2019). For instance, women in the rural areas have been noted to engage in sexual intercourse earlier (in some cases there is

a 3-year difference in the average age at first sexual intercourse) (*ibid*). However, these differences may be partly explained by the prevalence of child marriage in the Northern parts of Nigeria, compared to its Southern parts (Malé & Wodon, 2016).

There is also evidence to suggest that teenagers, particularly in the South-Western region of Nigeria may be engaging in premarital sexual intercourse. For instance, the 2018 NDHS report notes that while the mean age at first sexual intercourse among women age 20-49 years in the South-Western part of Nigeria is 19.3 years, the mean age at marriage in the region is 23.3 years; suggesting that in some circumstances, first sexual intercourse is initiated before marriage. This is consistent with other research conducted in the region. A cross-sectional study carried out by Durowade et al. (2017) in South-Western Nigeria noted that more than two-thirds of the participants (aged 10-19 years) who took part in their study (n=365) were sexually active with an average age of sexual debut ranging between 13-15 years. In the same manner, another cross-sectional survey (n=447) to examine the prevalence of early sexual debut among never-married adolescents between the ages of 16-19 years in South-Western Nigeria reported that the mean age of sexual debut among girls is 15.8 years (Olufemi et al., 2018). Whilst these two latter studies are limited by their convenience sampling, they do indicate that some unmarried teenagers in South-Western Nigeria are sexually active. This has obvious implications for the SRH needs of adolescents.

2.7 Adolescent sexual and reproductive health (ASRH)

Sexual and reproductive health can be defined as a set of methods, techniques, and services which ensure a complete state of health, social wellbeing and the prevention of reproductive health problems (Ghebreyesus & Kanem, 2018). According to WHO (2020c), people should be able to have a “*satisfying and safe sex life, as well as the capability to reproduce, with the freedom to decide if, when, and how often to do so*”. Implicit in this definition is the right of males and females to be informed and have access to safe, effective, affordable and acceptable methods of contraception, for the regulation of their fertility (UNFPA, 2020). It is therefore expected that adolescents should be provided with the whole range of information and services required for safe and healthy sexual expression (*ibid*).

Despite the increased global attention on ASRH in the last two decades, ASRH remains poor in policies, services, and education in Nigeria (Ahonsi, 2015). In Nigeria, the sexual and reproductive health (SRH) of adolescents are regarded as sensitive topics, and as a result, they

are habitually excluded from national health and policy discourses (Omo-Aghoja, 2013). This has led to slow progress in the reduction of SRH risks among adolescents in Nigeria (Cortez et al., 2016). Currently, it is estimated that about 35%-50% of unmarried sexually active adolescents have an unmet need for SRH services (Alayande et al., 2019; Sedgh et al., 2009). This is partly driven by socio-cultural and structural barriers which will be discussed in more detail in the following sections.

2.7.1 Sex Education and Contraception

In Nigeria, the task of teaching teenagers about sex is primarily seen as the duty of parents (Mbachu et al., 2020). However, due to the culture prevalent in the area, research suggests that sex education is often viewed as a forbidden topic within society (Ajide & Balogun, 2018). As a result of traditional and cultural norms, most parents in Nigeria find it inappropriate to educate or discuss sex-related topics with teenagers (Bastien et al., 2011; Mbachu et al., 2020). These cultural and traditional norms are so deeply rooted that oftentimes, parents provide no knowledge to teenagers about their reproductive health (Ekefre et al., 2014).

In instances where sex education is provided, parents often emphasize abstinence, refrain from discussing contraceptives and misinform teenagers about sex (*ibid*). Evidence from qualitative studies conducted in Nigeria suggests that parents sometimes deliberately provide misleading information to their children about sex for fear of condoning early sexual activity (Izugbara, 2008; Mbachu et al., 2020). These studies show that female teenagers are sometimes told that “*any interaction with a boy is a sin*” (Mbachu et al., 2020, p.6), “*if a man plays with them, they will die*” (Envuladu et al., 2014, p.48) and “*they can get pregnant if a man sees their breasts*” (Izugbara, 2008, p.578). Hence, teenagers often lack appropriate information regarding sexual activities, making them vulnerable to unplanned pregnancies and early motherhood (Atchison et al., 2019).

Despite these limitations by parents in educating their children about sex, parents often oppose the introduction of SRH education within the formal school curriculum (Akpama, 2014). This further limits teenagers’ opportunities to learn about their reproductive health and sexuality. Parental opposition towards the provision of sex education may be because they feel that their teenagers might interpret this as permission to engage in sexual activities (Lukolo & van Dyk, 2015). While parents may have their fears and oppose the inclusion of sex education in school curricula, the consequences of this opposition can also be far reaching as many teenagers retain

a poor understanding of their reproductive health and misconceptions about sexual activities as a result of limited sex education (Saad et al., 2018).

This also applies to contraceptive use. Although there are no official statistics on the prevalence of contraceptive use among unmarried adolescents in Nigeria, the 2018 NDHS reports that 71.1% of sexually active adolescents aged 15- 19 years do not use contraceptives (NPC, 2019). In a study to assess differences in contraceptive use among sexually active adolescents aged 15- 19 years, using data from three rounds of the NDHS (2003, 2008, 2013), Hounton et al., (2015) estimated that sexually active adolescents in urban areas were 5.7 times more likely to use contraceptives than their rural counterparts. This shows that even in the low utilization of contraceptives, significant residential variations exist. In addition to the low use of contraceptives, there is also a relatively low understanding of correct use. Investigating the predictors of teenage pregnancy in a rural town in Western Nigeria, Amoran, (2012) noted that about half (41.1%) of the teenagers who participated in the study (n=60) did not know how to correctly use a condom to prevent pregnancy. These findings suggest that efficacy to practice safe sex is also limited by a poor understanding of how to use these contraceptives. These above studies demonstrate the impact of limited sex education and the problematization of adolescent sexuality on contraceptive use.

Linked to the issue of low use and misuse of contraception are the misconceptions around it. In the book *Secret Strategies; Women and Abortion in Nigeria*, adolescents were quoted to believe that “*drinking Andrews Liver Salt after sex and bitter lemon drinks before sex can prevent a pregnancy*” (Koster 2003, p.141). Similarly, other popular misconceptions documented in another study focusing on adolescents and young people between the ages of 15- 24 years include the beliefs that: an individual cannot get pregnant at first sexual intercourse; abortion is safer than contraceptive use; contraception can cause infertility and other major mental health problems; and washing private parts with antiseptic soaps can kill sperm (Otoide et al., 2001). It is therefore not unexpected that teenagers sometimes engage in unsafe sexual practices.

To address both relatively low uptake as well as misuse of contraception among adolescents, the Nigerian government approved a national curriculum for comprehensive sex education in 2004 known as the Family Life and HIV Education (FLHE) to raise contraceptive awareness and improve access to SRH information among adolescents (Igbokwe et al., 2020). While this program has great ambitions to improve adolescent reproductive control, there is evidence to

show that despite this program, the majority of young people are not being taught vital information regarding their sexual and reproductive health (Bankole & Malarcher, 2010). This has continued to be mostly attributed to the role of parents and teachers. In a study by Olufemi et al. (2013) to determine parental attitudes towards contraceptive use by teenagers in South-Western Nigeria, it was discovered that about two-thirds of parents had a negative attitude towards the provision of contraception information to teenagers in school.

Similarly, a study by Aransiola et al. (2013) exploring teachers' perspectives on SRH interventions for teenagers also noted that while teachers were supportive of including sex education into the educational syllabus, they were opposed to the inclusion of contraceptive information and access to reproductive health services as part of the curriculum. The support for comprehensive sex education (CSE) without support for the provision of contraception by teachers is counterproductive as Oringanje et al. (2016)'s review on the importance of CSE and provision of contraception shows that CSE by itself does not reduce unwanted teenage pregnancy, but rather, CSE combined with the availability of contraception reduces unwanted pregnancy. Thus, while adolescents constitute a significant proportion of Nigeria's population, their SRH needs continually remain underserved.

2.7.2 Sexual and reproductive health (SRH) services

There is evidence to show that in cases where SRH services may be available in health facilities, it is mostly limited to 'abstinence advice' for adolescents as other services such as family planning and provision of contraceptives are adult-centred (Cortez et al., 2016; Amoran, 2012; Okereke, 2010). It has been suggested that health workers in Nigeria often turn away teenagers from family-planning clinics, claiming that they are too young for sex (Amoran, 2012). In other instances, they offer poor explanations of contraception by overstating the risks of contraceptives and providing inadequate information, leading to ineffective use (Ayuba & Gani, 2012). Due to these negative attitudes, adolescents often avoid accessing reproductive health centres (Cortez et al., 2016; Amoran, 2012).

These poor services and negative attitudes towards teenagers' sexuality contribute to the continued low utilization of contraceptives among teenagers. In his study exploring health-seeking behaviours among women aged 15 to 19 years in rural Nigeria, Okereke (2010) estimated that about 73.4% of the study participants confirmed the availability of reproductive health centres within their neighbourhoods but less than 21% were willing to purchase

contraceptives or receive SRH services through these centres. Embarrassment and fear of stigmatisation were among the main reasons for not utilizing these services (*ibid*).

Similar studies conducted by Adedimeji et al. (2007) and Cortez et al. (2016) in Southern and Northern Nigeria also reported that the majority of their respondents (males and females aged 10-19 years) attributed their low use of contraceptives and utilization of public health services to fear of risking their moral reputation, being caught by their parents and stigmatised for accessing these services. This is in addition to Cortez et al. (2016)'s other findings which noted that female teenagers were less likely to initiate or discuss contraceptives with their partners out of fear of being labelled as promiscuous as culturally, females are expected to be passive in sexual matters. The above discourses thus imply that the extent to which unmarried female teenagers can exercise autonomy or agency in their SRH decision making is largely influenced and determined by their relationships with service providers and health institutions (Abiodun et al., 2016; Ogunjuyigbe & Adepoju, 2014).

Another major reason for poor access to SRH by adolescents is poor service implementation and inequitable distribution of SRH services in Nigeria (Izugbara, 2015; Melesse et al., 2020). Studies have shown that SRH services are usually concentrated in urban areas, with rural areas underserved. Specifically, in a study by Ogundele et al. (2018) examining trends in inequality in reproductive services in Nigeria, the study observed that reproductive health facilities were inequitably distributed with health facilities being more densely located and benefitting women in urban areas. The authors in this study went on to suggest that this inequitable distribution of services may account for the poor sexual health outcomes of individuals living in rural areas.

Where services do exist, adolescent access can be limited due to service delivery. Studies evaluating ASRH services in Nigeria report that many SRH facilities sometimes lack skilled service providers, supplies, equipment, and services necessary for successful policy implementation (Akinsoji et al., 2015; Folayan et al., 2014). An example of these challenges can be found in Envuladu et al. (2017)'s study on SRH challenges among adolescents where a participant of one of the focus group discussions quoted being discouraged to get condoms from ASRH facilities as they were always “*out of stock*” (p.40). Furthermore, in a mixed-methods study evaluating SRH services by Odo et al. (2018) in Southern Nigeria, 55.6% of the participants noted that in cases where SRH services were available to them, they were often unaffordable. In addition to the financial cost, ASRH services were also critiqued by teenagers

due to their lack of flexible timing as their opening times (which is between 9am to 4pm) often coincided with school opening times, consequently making the service inaccessible (*ibid*).

At the national level, in many country reports regarding SRH, it appears that the provision of family planning services primarily focuses on married women, as well as women with children, as an attempt to promote birth spacing rather than cater to the needs of unmarried adolescents (see for example; 2018 NDHS). Indeed, the definition of unmet need for contraception is measured among married women (as though unmarried women are sexually inactive) (see for example; 2018 NDHS). It can thus be argued that these barriers serve as a social determinant of ASRH and a driver for reproductive health inequalities amongst adolescents.

Across Nigerian society, prevailing norms which dictate the way and manner in which sexual activities should occur shape social systems and services (Familusi, 2012). As such, teenagers are often not seen as a group in need of access to SRH information and services, thus limiting their knowledge and increasing their predisposition to unplanned pregnancies. Additionally, because teenagers are particularly dependent on their families and influenced by societal norms, they have low levels of agency in reproductive decision making and in advocating for their SRH needs, further exacerbating their access to SRH services, especially for females (Cortez et al., 2016; Amoran, 2012; Okereke, 2010). The discussion outlined above (i.e., 2.7.1 and 2.7.2) show how social beliefs and values, age (10-19 years), and status (i.e., unmarried, teenager) can cause teenagers to face marginalisation and stigma, resulting in significant barriers to seeking services that they need and are entitled to. These observations form part of the rationale for undertaking this study.

2.7.3 Abortion among adolescents in Nigeria

Due to unmet SRH needs, sexually active young women are at risk of unintended and unwanted pregnancies (Bankole et al., 2015; Lamina, 2015; Sedgh et al., 2009). As a result, they may seek abortion (Adinma et al., 2012). Although little is known about teenagers' reasons for wanting an abortion, educational disruptions, abandonment by partner, and stigma have been cited as consequences of early pregnancy (Okereke, 2010a; Oyefara, 2011). In a study by Okereke, (2010a) to assess the prevalence of unintended pregnancy and induced abortions among women aged 10-19 years in Southern Nigeria, 20% of the 540 recruited participants indicated that they had procured abortion. It was also noted that 45.4% of the 20% of participants procured abortions to avoid humiliation while 12.5% did the same to avoid being expelled from school.

Another study of teachers in five schools in Southern Nigeria reported that 43% of the participants stated that expulsion from school was a common consequence of teenage pregnancy (Onyeka et al., 2011). Drawing from this, it can be suggested that adolescents seek abortion to avoid the negative social consequences of being pregnant. While abortion is a way to resolve an unwanted or unintended pregnancy, the existing legal regime in Nigeria does not make it easily obtainable.

Nigeria has one of the most restrictive laws on abortion in the world (Awoyemi & Novignon, 2014). In Nigeria, abortion is considered a felony (except in a life-threatening situation) which carries between 3 to 14 years imprisonment (*ibid*). Due to the restrictive abortion laws, pregnant adolescents may resort to clandestine service providers who lack access to standard abortion management protocol (Bankole et al., 2015). This is evidenced by studies which show that teenagers sometimes procure abortion from herbalists, local chemists, and patent medicine vendors (Envuladu et al., 2017; Oyeniran et al., 2019). As these (clandestine) services also come at a financial cost, some adolescents from poor socio-economic backgrounds may experience difficulties in obtaining such services (Oyeniran et al., 2019). Thus, in cases where teenagers do not have the finances or access to individuals that can help in procuring an abortion, they engage in ‘self-help’ practices to induce an abortion (*ibid*).

For example, in her study, Koster (2003) noted that adolescents sometimes inserted a concoction of substances into their vaginas; used unripe lime, potash, and hot gin; or a mixture of malaria, menstrual regulation and codeine tablets to abort their pregnancies. The author also noted that this often resulted in complications such as sepsis. Exploring this more recently, a study by Envuladu et al. (2017) among teenagers aged 18-19 years in Southern Nigeria noted that teenagers in the area often used a combination of mint sweets and fizzy drinks in attempts to terminate their pregnancies. Both studies therefore provide insights into the self-help habits of adolescents regarding abortions that increase the risks of complications.

Literature on abortion complications among adolescents is sparse in Nigeria. However, in an early national community-based study by Adewole, (1992) to determine trends in post-abortion mortality and morbidity in South-Western Nigeria, it was stated that adolescents in Nigeria constitute about 80% of hospitalized cases of abortion-related complications. Similarly, quantitative studies conducted in Southern Nigeria suggest that approximately one-quarter of adolescents who obtain an abortion die from the process and 32% suffer from abortion-related

complications (Emechebe et al., 2016; Ikeako et al., 2014). Most of these figures may underestimate the incidence of abortion-related complications, as they were derived from hospital-based records where adolescents with abortion complications attended. Thus, the true estimates of abortion-related complications among adolescents may be difficult to measure as complications treated outside institutional facilities may be difficult to account for. Notwithstanding, complications from unsafe abortions are major contributors to adolescent mortality and morbidity rates in Nigeria (Emechebe et al., 2016; Ikeako et al., 2014).

Having discussed the various socio-cultural (i.e., negative attitudes towards sex education and provision of contraceptives for adolescents) and structural barriers (i.e., inequitable distribution of ASRH services and abortion) which constrain teenagers' abilities to exercise control over their reproductive choices, this study will discuss additional factors which predispose female teenagers to early pregnancy and motherhood.

2.8 Factors associated with teenage pregnancy and motherhood in Nigeria

In the following sub-sections, the factors that have been identified in the literature that predispose unmarried teenagers to pregnancy and motherhood in Nigeria will be discussed.

2.8.1 Poverty

A cross-sectional descriptive study by Amoran (2012) to identify the factors associated with teenage pregnancies observed that teenagers from poor socioeconomic backgrounds were four times more likely to become pregnant when compared to those from wealthy socioeconomic backgrounds. Similarly, the 2018 NDHS report showed that pregnancy among adolescents is higher among girls from poor socio-economic backgrounds when compared to those from wealthy socioeconomic backgrounds (33% vs 3%) (NPC, 2019). The large disparity in teenage pregnancy and motherhood across socio-economic status may be partially attributed to findings which show that many young women from economically deprived backgrounds are more likely to engage in transactional sex to support themselves and their families (Ankomah et al., 2011).

Across studies carried out in Nigeria and sub-Saharan Africa, transactional relationships between teenagers and their partners have been noted to be intergenerational (Ankomah et al., 2011; Tade & Adekoya, 2012). Intergenerational transactional sexual relationships are common practises in many African cultures and are rooted in gender and economic inequalities (Wamoyi et al., 2019). Evidence suggests that poverty is an important driver of intergenerational

transactional sex as young women often use sex as a commodified exchange for their economic survival (Shefer et al., 2012; Zembe et al., 2013). For instance, findings from Nigerian studies show that female teenagers often use transactional sexual relationships to deal with education-related expenses such as fees and school supplies (Achema et al., 2015; Ogori et al., 2013).

In many intergenerational relationships in Nigeria, older men dominate and control the actions of their younger female partners, especially when they are economically deprived (Oyediran et al., 2011). Furthermore, due to their economic dependence on their older partners, young women may experience limited abilities in exerting autonomy or employing sexual risk reduction strategies (such as practising or negotiating safe sex) (*ibid*). Thus, the power-differences within these relationships make girls more vulnerable to exploitation by their partners (Achema et al., 2015), predisposing them to sexually transmitted diseases (STD's) and unplanned pregnancies.

Globally, intergenerational transactional sex with young girls is considered exploitative (Williams et al., 2012), however, studies conducted across Africa state that many young girls do not perceive these relationships as such due to gender expectations about sexual relationships (Wamoyi et al., 2019). In many African settings, gendered sexual expectations presume that males are to provide (in terms of gifts and money) while females are to reciprocate (by giving sex) (*ibid*). Similarly, females engaged in transactional sex may not consider this act as exploitative but rather, perceive themselves as actors in overcoming adverse economic challenges (Wamoyi et al., 2010). Indeed, in a study by Kunnuji (2014) in South-Western Nigeria, it was reported that female teenagers from economically deprived backgrounds sometimes display agency in actively seeking partners who can provide for their needs in exchange for sex. Nevertheless, while these transactional relationships may be consensual, female teenagers are disadvantaged because of the age disparities and low socioeconomic status which limits their ability to negotiate safe sex and protect themselves from sexual health risks (Oyediran et al., 2011).

An alternative explanation for the socioeconomic disparity in teenage pregnancy and motherhood comes from studies primarily conducted in high-income countries which note that unlike those from wealthy socioeconomic backgrounds, teenagers from poor social class may not have access to multiple life options (Arai, 2003; SmithBattle, 2013). These studies report that teenagers from high-income families have greater opportunities for educational and economic success, and are more likely to resolve unplanned pregnancies through abortion or

give their children up for adoption (Hoggart, 2012; Lee et al., 2004; Turner, 2004). Although this area of research is relatively unexplored in Nigeria, there is evidence to suggest that teenagers from low socio-economic backgrounds have limited opportunities for educational progression and fewer incentives to delay childbearing (Achema et al., 2015; Ogori et al., 2013). Based on this, it may be that the life options of teenagers (due to their socio-economic status and poor backgrounds) can also predispose them to early pregnancy and childbearing.

2.8.2 Sexual coercion and violence

Sexual coercion alters power relations in any relationship as it limits an individual's ability to negotiate safe sex (Harris et al., 2009). According to the United Nations International Children's Emergency Fund (UNICEF), 2016), about 25% of young females in Nigeria have experienced one form of sexual coercion or violence before the age of 18. In a four-year review (2008-2012) of sexual assault cases at a University teaching hospital in South-Western Nigeria, it was noted that 83% of reported cases were from females below the age of 19 years (Akinlusi et al., 2014).

Similarly, in another one-year review survey conducted at a University teaching hospital in South-Eastern Nigeria, it was noted that 70% of the reported cases were from females below the age of 18 years, with more than half of the females reporting that they knew their perpetrators (Ohayi et al., 2015). This finding corroborates a systematic review conducted in South-Western Nigeria which show that about 4-6% of female teenagers experience sexual assault (including rape) and the perpetrators are usually people who are known to them (Folayan et al., 2014). Although these studies may not accurately depict the incidence of sexual assault as they are derived from hospital-based reports and reviews of these reports, they provide an insight into the occurrence of sexual assault (such as rape) in Nigeria.

While rape is a criminal offence and is punishable by law in Nigeria (Olatunji, 2012), quantitative studies on sexual assaults across regions in Nigeria have reported that less than 5% of girls who are raped report their cases (Akhiwu et al., 2013; Ibrahim et al., 2017; Ohayi et al., 2015). This is because rape usually results in the stigmatisation of its victims, and often, victims of rape are also accused of being responsible for their circumstances (Folayan et al., 2014). Hence, many rape victims are usually unwilling to report the incidents to their families or police officers, allowing perpetrators to escape legal scrutiny and prosecution (*ibid*). Due to this, rape is prevalent, especially among female teenagers (Akinlusi et al., 2014). From the above statements, it can be implied that incidents of rape, the culture of unreported rape, as well as

young girl's limited knowledge of their SRH, may limit their abilities to protect themselves against unintended pregnancies and early motherhood. This is also consistent with studies conducted in high-income settings that show a link between teenage pregnancy and sexual abuse (see for example;; Roberts et al., 2004; Saewyc et al., 2004).

Furthermore, based on gendered socializations which encourage passivity in sexual matters for females and sexual expression and domination for males, female teenagers may be pressured into sex by their male counterparts or forced to satisfy the sexual desires of men in position of authorities such as their teachers (Ankomah et al., 2011; Envuladu et al., 2017; Odimegwu & Somefun, 2017). Findings from Envuladu et al. (2017)'s study noted that male adolescent participants in their focus-group discussions often narrated how they pressured their female partners into sex to prove their sexuality to their fellow friends. A female participant also narrated how her friends were often pressured into sex by their schoolteachers.

It has also been suggested that female teenagers encounter difficulties in negotiating condom use in an often male-dominated interaction (Envuladu et al., 2017; Odimegwu & Somefun, 2017). This echoes Smith's (2010) study on sexual discourses between females and males in Nigeria where he alludes to the fact that sexual negotiation for both genders is tailored in such a way that all authority is allocated to men. These literatures provide insights into how a female teenager's limited ability to delay sexual initiation and exercise agency over their reproductive health can predispose them to unintended pregnancies and early motherhood. (Ekefre et al., 2014; Ogunjuyigbe & Adepaju, 2014).

2.8.3 Family Structure

There exist limited studies on the role of family structure as a factor for teenage pregnancy and motherhood in Nigeria. However, a few studies such as Envuladu et al. (2014); Odu & Christian, (2007); and Olubunmi et al. (2019) have highlighted the role of family background on teenagers' sexual behaviours and outcomes. Investigating factors associated with teenage pregnancy and motherhood in Nigeria, Odu & Christian, (2007) after controlling for socioeconomic status, observed that teenagers from single-parent families were more likely to become pregnant than their counterparts who came from two-parent backgrounds.

Furthermore, findings from a cross-sectional study among teenagers in Southern Nigeria, also observed that the incidence of teenage pregnancy tended to be higher among teenagers from

polygamous homes than those from monogamous families (Envuladu et al., 2014). Both authors therefore concluded that family structures play a significant role in increasing the vulnerability of young women to teenage pregnancy and motherhood. This could also be associated with the fact that teenagers from large families are likely to have limited access to resources, consequently predisposing them to engage in transactional sex for financial support and upkeep (Wamoyi et al., 2018).

In addition to exploring the relationship between family backgrounds and teenage pregnancy and motherhood, a cross-sectional study conducted by Muyibi et al. (2010) among teenagers in Nigeria also observed that teenagers from dysfunctional families (i.e., strife, divorce, single-parent households) were more likely to get pregnant than those from ‘functional’ families. A limitation of these studies, however, is that they often aimed to analyse the associations between family backgrounds and teenage pregnancy quantitatively, rather than provide a socio-cultural context into the histories and experiences of the participants to generate a better understanding of how these factors interact with each other. This conforms to the idea that participants are often treated as ‘cases’ rather than as social beings in research (Koster, 2003), and their voices are absent. Nevertheless, family structures and dynamics have significant implications for young women’s sexual and reproductive health outcomes.

2.9 Conclusion

The social, economic, and cultural structure of Nigeria provides a distinctive case for the exploration of unmarried teenage pregnancy and motherhood and the experiences of those most affected. As discussed in this chapter, increasing modernization is causing a shift in family structure and dynamics. As such, more teenagers may be exposed to conditions which may have negative consequences for their social and economic wellbeing. Additionally, the moralistic nature of the Nigerian society implies that gender and cultural norms determine how sexual discourses and activities occur. Thus, stigma, social and cultural barriers are likely to play significant roles in constraining female adolescents’ abilities to exert sexual autonomy and control their SRH outcomes (in this case, unintended pregnancies). In Nigeria, knowledge about how culture affects female’s access to SRH information and services and limits their reproductive control is limited. This highlights a gap for further exploration that can provide a better understanding of how gender, cultural norms and social contexts play a role in shaping adolescents’ access to SRH services and information.

In this chapter, literature on abortion, a consequence of unmet SRH needs was also reviewed. Particularly, pathways to abortion and unsafe abortion practises among adolescents were explored. Although relatively unexplored, a major effect of Nigeria's restrictive abortion law is that it may force young women to carry unwanted pregnancies to term irrespective of their preparedness and mental wellbeing. This may have significant implications for their health, social, and economic outcomes considering the negative construction of teenage pregnancy and motherhood in Nigeria (this will be discussed in more detail in chapter three). Thus, there is a need to explore the effects of motherhood on the mental wellbeing of unmarried young mothers. It is believed that exploring this within the context of this study will provide a valuable contribution to how maternal identity is resisted or accepted among young unmarried mothers.

The information presented in this chapter also demonstrated how factors (such as poverty, sexual coercion etc.) predispose young women to early and unintended pregnancies. Additionally, it discussed how their restricted access to SRH services and information further placed them in disadvantaged positions in negotiating safe sex. Having discussed the factors which can limit a female teenager's ability to protect herself from early pregnancy and motherhood, one key intention of this study is to explore how unmarried teenage mother's enactment of their agency is also shaped by the cultural, societal, interpersonal and personal contexts within which they live. This study will also explore the factors which serve as barriers to the enactment of their agencies in relation to pregnancy and motherhood. It is expected that this will contribute to the limited knowledge available on the subject matter.

This chapter has provided a valuable context for understanding how teenagers navigate the social systems and contexts within which they live. The following chapter will provide a fuller literature review on teenage pregnancy and motherhood in Nigeria, as well as a larger literature on theoretical frameworks and concepts, underpinning the social construction of teenage pregnancy and motherhood.

Chapter Three

3 Literature Review

This chapter introduces and discusses the theoretical frameworks and concepts underpinning the social construction of teenage pregnancy and motherhood. Drawing on international and Nigerian literature, it explores the intersection of stigma, identity, and social representations with the prevailing construction of teenage pregnancy and motherhood and shows its implications and importance on a conceptual level to this thesis. Together, the review presented in this chapter is used to identify the gaps which exist in the literature regarding teenage pregnancy and motherhood in Nigeria and specify the need for research to address these gaps. This chapter will begin by describing the processes involved in conducting a search strategy for this review. Afterwards, it will go on to review the literature; discuss the negative social representations of teenage pregnancy and motherhood; and highlight the knowledge gaps in Nigeria.

3.1 Search Strategy

In carrying out a literature review, the identification of key concepts is important to aid in the retrieval of information (Bramer et al., 2018). In line with these perspectives, during the literature search, key concepts were utilized. Because researchers may use different terms in describing similar concepts (e.g., young mothers vs teenage mothers) (Bramer et al., 2018), this study also utilized the use of synonyms (such as early pregnancy and childbearing) to broaden the search on teenage pregnancy and motherhood. Different kinds of non-related studies can turn up using keywords solely (Grewal et al., 2016). Thus, in undertaking this review, Boolean operators (i.e., “AND” “NOT” and “OR”) were applied to ensure that only literature that was relevant to the subject area of interest was obtained (*ibid*). Additionally, the truncation symbol (*) was also used to identify singular and plural verb usage in the literature obtained (Bramer et al., 2018). Below, a tabular representation of how the keywords and Boolean operators were used is presented:

Table 2: Detailed search strategy

Item	Keywords searches	Hits
1	Teenage* OR adolescen* AND girl*	40787
2	Adolescen* mother* OR teen*mother* OR young mother* NOT adolescen* parent*	8017
3	pregnant girl* OR teen*pregnan* OR youth pregnan* OR young pregnan* OR adolescen* conception* OR adolescen* pregnan*	10687
4	Item 2 and item 3	2265
5	Item 4 and Education* OR school*	9333
6	Item 4 and Stigma* AND discrimination*	5507
7	Item 4 and Support*	4856
8	Culture* norms* AND Nigeria	4757
9	Item 4 and Identity*	6551
10	Religio* AND Nigeria	4797
11	Limit item 8 and item 9 to relevance to study and 2015 onwards	15
12	Limit items 4,5,6,7,9 to English language, relevance to study, peer-reviewed journal and websites, and full-text availability	250
13	Removes duplicates from results obtained in item12	100
14	Critical analysis of papers obtained from item 13 and relevance to study	40

To obtain materials for this literature review, a systematic search was carried out using several online bibliographic databases, which included: The Open University online library, Open University repository (ORO), SAGE, Scopus, ScienceDirect, and PubMed. Additionally, grey literature and annual health reports were also obtained from national and internationally recognized health-related websites such as: UNFPA, WHO, World Bank, NPC, and UNICEF. These online databases and websites were accessed because their sources were deemed to be credible and trustworthy. The technique *back chaining* which allows the researcher to utilize references from key papers relevant to the subject area was also used to obtain more relevant

data regarding the subject area (Bramer et al., 2018). Finally, *forward chaining* from major publishers such as ScienceDirect and Taylor & Francis which often suggested similar titles or references to articles obtained was used to find relevant literature (*ibid*).

Although many academic texts can be obtained online, electronic searching may not be able to find all relevant literature on a particular topic (Walsh, 2016). Thus, I also gathered literature from print books which I obtained from the Open University library based on recommendations from my supervisors and from the bibliographies of articles that I had previously read. This thesis utilized a narrative approach to its literature review and while this chapter was not a systematic review, I adopted guidelines from critical appraisal tools such as Caldwell et al., (2011) to evaluate properly and critically analyse the papers used and included in this chapter. Each literature was evaluated based on the questions in the critical appraisal checklist and articles were screened via abstract screening, title screening, and full-text assessment.

Following Caldwell et al. (2011)'s guidelines, article selections were based on the rigour of the study, its ethical considerations and its suitability and relevance to the research aims and objectives of this thesis. This allowed for a thorough critical analysis of the papers discussed in this study. Considering that new literature was often explored as new concepts emerged within this thesis, other literature searches which were carried out much later in the study are not all included in the initial breakdown of the search strategy (table 2). Thus, as illustrated in the bibliography, more than 40 articles were evaluated and used in this review. While this may question the necessity of having a search strategy, it is important to note that the search strategy was mainly conducted for the topic area while other conceptual literature which helped to understand and theorise the findings from this thesis were carried out as the need emerged.

While I tried to carry out an exhaustive search of the literature, literature which could have been relevant to the study may have been unidentified (Aveyard, 2014). Nevertheless, the goal of this review was to provide a thorough review of the empirical and theoretical findings related to teenage pregnancy and motherhood, not to collate all available literature on the subject matter. The literature gathered for this review will be presented in the following sections. First, this chapter will discuss the theoretical perspectives underlining the social construction of teenage pregnancy and motherhood and review literature on how it emerged as a social problem, globally and in Nigeria. Second, this chapter will draw on theories of stigma to explain the stigmatisation of teenage pregnancy and motherhood and how these impact on young women's

identity and wellbeing. Finally, this section will conclude by providing a conclusion to the review of the literature carried out in this section, highlighting the gaps.

3.2 Theoretical underpinning

The approach taken for this project has its foundations in social constructionism. Social constructionism is a theoretical movement that explains how reality is constructed, and knowledge is produced (Walker, 2015). It has its origins in sociology, and it is concerned with the nature of knowledge and how it comes to hold significance within a society (Burr, 2015). According to social constructionist perspectives, meaning and knowledge are socially, historically, and linguistically constructed by individuals through the process of interaction with their social world and those who live in it (Andrews, 2012; Walker, 2015). This process of social interaction is not limited to people but also involves communications through written texts and media (Burr, 2015). The social constructionist approach is therefore guided by three cardinal principles which state that: reality is socially constructed; these constructions are established and conveyed through language; and are sustained through social processes such as embedded cultural practises and values (Andrews, 2012; Walker, 2015).

From this perspective, it is suggested that when a view is constantly expressed within a social group, it can influence the individuals living within that area such that it becomes part of their thinking pattern (Knoblauch & Wilke, 2016). This thinking pattern then acts as “*general knowledge*” which is then embedded in cultural practises such that this knowledge comes to be experienced as “*the objective*” (Berger & Luckmann, 1991, p.50). New generations are then born into a world where ‘objective’ ideas about phenomena exist and are internalised as part of their understanding of the social world, often without questioning (Segre, 2016). Thus, knowledge emerges, becomes constructed, and is passed down from generation to generation as a way of life through a process of routinization, habitualisation, and internalisation (Berger & Luckmann, 1991). In this way, Berger and Luckmann argue that “*the world can be socially constructed by the social practices of people but at the same time experienced by them as if the nature of their world is pre-given and fixed*” (Burr, 2003, p.13).

The above statement suggests that no universal truth or false, right or wrong or single knowledge exists but rather, what is taught to individuals by their society and culture about what is true or false, right or wrong (Knoblauch & Wilke, 2016; Segre, 2016). Because knowledge is socially constructed and governed by normative ideas that are historically situated and culturally

embedded, employing a social constructionist framework to this study facilitates an understanding of how the social constructions of teenage pregnancy and motherhood are experienced. In this section of the thesis, the literature is engaged with and an understanding of how ideas and attitudes surrounding teenage pregnancy and motherhood have been developed over time is provided.

Social constructionism is also interested in the power relations that exist between people and how words are used to produce or reinforce these power relations (Macleod & Feltham-King, 2019). Central to this is the understanding of discourse which focuses on how language is used to construct an object (Burr, 2015; Parker, 1998). In looking at the historical and contemporary constructions of teenage pregnancy and motherhood, a social constructionist framework is applied in this thesis to examine how language is used to produce or reinforce discourses that construct early pregnancy and motherhood as problematic. The negative discourses surrounding unmarried teenage mothers and how this exacerbates their social circumstances and influence how they are represented in society is also explored.

According to Burr (2015), because social constructionism posits that knowledge is fluid and constantly changing, the approach fits into theoretical ideologies which allow for dominant perspectives to be challenged. To this effect, the rest of this chapter will critique existing literature on the negative perceptions associated with teenage pregnancy and motherhood by drawing on literature from high-income settings which have challenged this school of thought. Additionally, the intersection of stigma, identity, and the implications on the wellbeing of pregnant teenagers and teenage mothers will also be discussed.

3.3 The ‘problem’ of teenage pregnancy and motherhood as a global phenomenon

Teenage pregnancy is not a new phenomenon, however, it was only in the latter part of the 20th century that it began to become widely discussed (Arai, 2009a). This happened as a result of a shift in how many societies began to view teenage pregnancies, due to its perceived associations with poor mental, health and socio-economic outcomes (WHO, 2020b). For example, the first references of teenage pregnancy as a social problem in the United States and the United Kingdom were in the early 1960s and 70s (Buske, 2014; Daguerre, 2006).

The emergence of teenage pregnancy and motherhood as a social problem can be linked to the development of the term adolescence in the early 20th century, which was initially coined and

used in the light of education, age segregation, and the outlawing of child-labour (Macleod, 2015). However, scholars adapting the early works of Hall, (1904) on *Adolescence: its psychology and its relations to physiology*, later redefined the term ‘adolescence’ to describe a transition from childhood to adulthood where changes occur physically, cognitively and socially. With this new definition in place, the period of adolescence came to be seen as a stage where vestiges of childhood remain while the characteristics of adulthood are being developed (Hall, 1904; Macleod, 2015; Macleod & Feltham-King, 2019). Hence, teenagers/adolescents in this context were perceived as neither children nor adults but also simultaneously both (*ibid*).

The fact that teenagers were still perceived as children made it unacceptable for them to engage in sexual activities as sexual activities were seen as characteristics of adulthood (Stapleton, 2010). Additionally, teenage sexuality was viewed as inappropriate because this period of adolescence was often expected to be characterized by immaturity and sexual innocence (Macleod, 2015; Macleod & Feltham-King, 2019). This idea is reflected in the works of Hoggart, (2003) and Smart, (1994) where both authors postulate that the emergence of teenage pregnancy and motherhood as a social problem in Britain occurred partly as an attempt to regulate women’s sexuality and reproduction by condemning pre-marital sex. Teenagers who then became pregnant brought about a moral panic in society due to the inability of society to control the sexual behaviour of young adolescents (Macleod, 2015). As a result, teenage pregnancy became perceived as a phenomenon that leads to social and moral decline (Arai, 2012; Macleod, 2015).

Additionally, the occurrence of teenage motherhood was also seen as disrupting the transition of adolescence because these mothers were considered too emotionally and socially immature to handle motherhood, even though they were capable of conceiving (Arai, 2012; Macleod & Feltham-King, 2019). Drawing on social constructions which characterized adolescents as children within the larger society, negative assumptions were reinforced about the capabilities of female teenagers to be good mothers (Arai, 2009b). Unlike older mothers, female teenagers were perceived to be poorly educated, financially unstable, and therefore unfit for motherhood (Cook & Cameron, 2017; Jewell, Tacchi, & Donovan, 2000). This is consistent with what Daguerre and Nativel, (2006, p.248) refer to as the socially acceptable age for motherhood; “*not too young, not too old and possessing some form of educational attainment, maturity, and economic independence.*” It is imperative to note that neither of these views incorporates young mother’s perspectives, making their opinions largely excluded from these discourses. By

excluding young mothers' voices and reinforcing the depictions of teenage mothers as unfit mothers, pregnancy and motherhood became constructed as an undesirable event in the life-course of young women (Cook & Cameron, 2017; Jewell et al., 2000).

Linked to the discourses underpinning teenage pregnancy and motherhood as problematic is the idea that it leads to family breakdown. Due to traditional ideologies on the construction of families as a two-parent household, teenage pregnancy and motherhood were seen to contribute to increases in the numbers of single-parents- a phenomenon which was viewed to have negative consequences on children's outcomes because of the assumption of the lack of a father-figure in their lives (Macintyre & Cunningham-Burley, 1993; Macleod, 2015). In a study by Mann and Roseneil (1994) examining the discourses concerning lone mothers, absent fathers, and the underclass, both authors showed how single mothers and never-married mothers (of which teenage mothers were assumed to be a part of) were constructed in contemporary discourses as a threat to the moral decline of the family and the welfare of the state. In line with this perspective, Griffin, (2013) also demonstrated how illegitimacy in the early 1970s was highly stigmatised in Britain as it carried shame for single mothers and the status of illegitimacy for their children because it occurred outside a marital context.

Although the concept of illegitimacy began to lose its stigma in later years, single parenthood was still characterized by social stigma and rejection, and teenage pregnancy and motherhood became a more established target for these views (Phoenix, 1991). This transition alludes to social constructionist perspectives on how socially constructed discourses regarding a phenomenon changes and evolves (Burr, 2015). Based on these traditional views (of an ideal family context comprising a two-parent household), teenage pregnancy and motherhood became associated with a decline in marriage and morality, and increased family breakdown (Duncan, 2007). There have however been counter arguments against this traditional ideology of the family. For example, in Giddens (1999) critique of the traditional family (here defined as a nuclear family), he argues that the purpose of the traditional family, which primarily served as an economic entity and was characterized by inequalities between men and women, no longer exists. He therefore concludes that the concept of family is transitional and changes depending on the era. Despite this, the ideologies of an 'ideal family' are central in the negative framing of teenage pregnancy and motherhood as problematic.

Policy-wise, teenage pregnancy was seen to perpetuate the cycle of poverty. Evidence suggests that teenage pregnancy became consolidated as a policy concern in the United Kingdom following the development of the teenage pregnancy unit (TPU) to tackle and reduce the number of under 18 conceptions in the country (Daguerre, 2006). Implicit in this initiative was the idea that teenage pregnancy was undesirable and leads to social exclusion (Arai, 2009a). While the policy aimed to prevent social exclusion, there have been arguments to suggest that this policy has the potential to reinforce exclusion (Giddens, 2013).

In addition to being characterized as a social and moral problem, teenage pregnancy was also believed to add additional cost to the financial burden of the state (Skinner & Marino, 2016). Thus, discourses surrounding teenage pregnancy and motherhood began to construct the phenomena as a welfare burden and view pregnant teenagers and young mothers as people who want to exploit the benefits system of the nation (Sorhaindo et al., 2016; Wilkinson et al., 2006). Some scholars have suggested that economic double standards are at play here because while it is acceptable for adult pregnant women to be dependent on their partners and family members for economic and social support, young mothers who rely on welfare support are characterized as abusers of the welfare system (Arai, 2009a; Macleod, 2015). Despite these arguments, teenage pregnancy and motherhood is still problematized based on welfare dependency (Macleod, 2015).

To avoid the occurrences of teenage pregnancy and motherhood globally, ASRH interventions became gender-oriented, focusing mainly on females and portraying early pregnancy and childbearing as a major health risk for this group (Arai, 2009a). In the early 2000s for instance, the United States announced a national advertising campaign to prevent teenage pregnancy called ‘sex has consequences’ (Albert, 2007). The campaign aimed to “*shock some senses into sexually active teenagers*” particularly females, and it included derogatory words such as “*useless*” and “*dirty*” (Albert, 2007, p.6). These depictions served to reinforce discourses on the negative outcomes of teenage pregnancy and early childbearing for young women. Many academic treatments of teenage pregnancy and motherhood reacted by defining the phenomena as a problem, pointing out the negative health, social and economic outcomes associated with it (see for example;; Macintyre & Cunningham-Burley, 1993; Skinner & Marino, 2016). Additionally, contemporary and media discourses began to portray adolescent sexual behaviour as problematic, arousing anxiety about a decline in the moral order of society. For instance, the UK newspaper, The Daily Mail (2008) described adolescent sexuality thus;

The sexual behaviour of our children and teenagers has now reached such unprecedented levels of recklessness and damage that it is becoming a horror story running out of control.

(cited in Lawlor & Shaw, 2004, p.121)

This further reinforced negative assumptions about the moral character of young people. As highlighted above, the construction of teenage pregnancy and motherhood as a social problem is rooted in morality, policy, and economic outcomes. These underlying constructions thus translate into negative attitudes towards pregnant teenagers and teenage mothers and reinforce the idea that teenage pregnancy and motherhood are problematic.

3.4 The emergence of teenage pregnancy and motherhood as a social problem in Nigeria

Before the late 20th century in Nigeria, teenage pregnancy and motherhood was desirable and accepted by many ethnic groups, as a proof of fertility of the female teenager (Babafemi & Adeleke, 2012; Makinde, 2004; Zabin & Kiragu, 1998). While in the Northern part of Nigeria, teenage pregnancy within the confines of marriage is still acceptable (as child marriage is prevalent in these areas), in both the Northern and Southern part of Nigeria, teenage pregnancy and motherhood outside wedlock are seen as a taboo and an issue of concern (Mukhopadhyay et al., 2013; Omole-Ohonsi & Attah, 2010). The reasons for this negative reaction to unmarried teenage pregnancy and motherhood is mostly predicated on issues of morality and preservation of sexuality (this will be discussed in further detail in section 3.4.2).

Existing literature reports that teenage pregnancy and motherhood out of wedlock became an issue of concern in the 1980s, reflecting the influence of western education and religion (Alade, 1989; Brabin et al., 1995; Oronsaye et al., 1982). As with high-income countries, education has delayed the timing of marriages among women, and this has been associated with an increase in pre-marital sexual activities and unmarried teenage motherhood (Omobola, 2013; Rotimi, 2016). As many ethnic groups in Nigeria consider having a child out of wedlock ‘immoral’, ‘irresponsible’ and a ‘deviation from cultural norms’, teenage pregnancy and motherhood among unmarried teenagers began to be constructed as a social problem in Nigeria (Melvin & Uzoma, 2012).

The earliest report depicting unmarried teenage pregnancy as problematic in Nigeria was a study carried out by Oronsaye et al. (1982), where it was suggested that teenage pregnancy and motherhood among unmarried teenagers led to educational disruption. This study was a cross-sectional survey of 127 schoolgirls admitted into three hospitals over 10 months in Southern-Nigeria. Affirming these findings, a later study by Alade (1989) who recruited 48 teenagers from four primary health care centres in South-Western Nigeria also noted that the majority of the girls recruited in his study did not return or plan to return to school after the birth of their infants. Drawing on results from their findings, both authors raised recommendations on the need to reduce the rate of schoolgirl pregnancy among unmarried teenagers in Nigeria as it could predispose them to adverse socioeconomic outcomes.

The recommendations from these researchers (Alade, 1989 and Oronsaye et al., 1982) amongst others, primarily informed the creation of the first national policy on “*The development process for the strategic adolescent health*” in 1995 by the Federal Ministry of Health (FMOH) in Nigeria (Federal Ministry of Health (FMOH), 2006; FMOH, 2001) with the primary aim of reducing unmarried teenage pregnancy and motherhood. Subsequent policies (which are updated annually) were also created such as “*The national reproductive health policy and strategy*” in 2001 (FMOH, 2001). Here, it was stated that early pregnancy and childbearing led to educational disruption, poor health and adverse socio-economic outcomes for both mother and child. Consequently, interventions (such as sex education, provision of youth-friendly services) were put in place to reduce its prevalence (*ibid*). A key feature of these policies was an emphasis on the presumed reproductive health and socio-economic risks of teenage pregnancy and motherhood which brought about a shift in the way teenage pregnancy and motherhood was perceived and reported. Thus, contemporary reporting of research in Nigeria has continually emphasized the negative effects of teenage pregnancy and motherhood and has reinforced negative attitudes towards them (see for example; Adegbola & Sanusi, 2019; Ayuba & Gani, 2012; Izugbara, 2015).

Currently, negative images and language are often used to describe teenage pregnancy and motherhood in Nigeria (Melvin & Uzoma, 2012). The normative image of unmarried teenage mothers in Nigeria is that of a poor unemployed girl with a sickly child, suffering from poverty and poor life outcomes (*ibid*). Similarly, the general discourse, via the mass media and other informal and academic texts in Nigeria is preoccupied with demonstrating that teenage motherhood among unmarried teenage mothers, creates social, health and educational

challenges (Adegbola & Sanusi, 2019; Ayuba & Gani, 2012; Ekefre et al., 2014). This is illustrated by newspaper headlines which refer to teenage pregnancy and motherhood in Nigeria as a “*Menace*” (ThisDay, 2015), “*Smear*” (Unah, 2017), “*Nightmare*” (Nation, 2014) and “*Number one killer of girls*” (Edukugho, 2015). These terms are pathological as they frame teenage pregnancy and motherhood as a dangerous occurrence. By using such derogatory and sensational languages to construct teenage pregnancy and motherhood, newspaper headlines assign meaning and shape how people respond to pregnant teenagers and teenage mothers in Nigeria. Following social constructionist perspectives, this shows how society uses language to construct a narrative of what is acceptable and influence attitudes and perceptions towards it (Andrews, 2012).

Additionally, in many folktales, films, and musical lyrics, teenage pregnancy and motherhood is depicted as an embodiment of shame which attracts negative societal consequences (Ashaolu, 2017; Babátundé Yussuf & Oladipo Olúbòmẹhìn, 2018). For example, a movie titled ‘shallow mirage’ which details the negative consequences of getting pregnant young was produced and aired in many secondary schools in an attempt to deter female adolescents from getting pregnant (Njoku, 2016). This approach might be seen as a means to reduce the rate of early pregnancy and childbearing among young women; however, it further reinforces negative perceptions and attitudes towards pregnant teenagers and teenage mothers. In the media and contemporary discourses, the negative portrayals of teenage pregnancy and motherhood are not balanced out by representations of its positive stories. This is consistent with Arai’s (2009a) media analysis of teenage pregnancy where she states that media outlets engage in a “*multiplication of negative stories on teenage pregnancy to reinforce negative attitudes towards them (p.39)*”

The three major ways in which teenage pregnancy and motherhood have been constructed as a problem in academic and public discourses include: poor socio-economic outcomes for the mother; poor health outcomes for the mother; and poor outcomes for their children (Arai, 2009a; Duncan et al., 2010; Neiterman, 2012) and are thus evident in Nigeria. Having analysed the Nigerian literature and considered the societal context in which this study is carried out, two additional ways through which teenage pregnancy and motherhood are constructed as a problem in public discourses within the study area are further identified (Menoukha Case, 2016; Oyefara, 2011). These are: deviation from religious values; and deviations from cultural norms, which will be discussed next alongside; poor socio-economic outcomes for the mother; poor health outcomes for the mother; and poor outcomes for their children.

3.4.1 Deviation from religious values

Both Islamic and Christian religious bodies in Nigeria disapprove of pre-marital sex (Smith, 2010). As members of these religious institutions constitute a significant proportion of Nigeria's population and hold crucial roles in law-making and policy-making sectors, many sex-related laws and policies in Nigeria (such as abortion laws, homosexuality laws, and sex-education policies) carry religious undertones and control the sexual narrative of its inhabitants (Pereira & Ibrahim, 2010). Religion therefore serves as a moral code of conduct for the expression of sexuality in many spheres in Nigeria (*ibid*).

According to these religious doctrines, pre-marital sex is a sin that carries serious consequences for those who indulge in it (*ibid*). Sexual desires outside of marriage are characterized as lustful and unmarried individuals (especially young people) are encouraged to repress these desires by dedicating their bodies to God and abstaining from sex before marriage (Adamczyk & Hayes, 2012; Ellingson & Green, 2014). A young person who abstains from sex and remains a virgin until marriage is therefore seen as "righteous" and celebrated within these religious sects (*ibid*). Following these perspectives, it can be argued that religion attempts to control the sexual behaviour of young people "*through a system of norms and values that favour personal restraint*" (Schumaker, 1992, p.216).

While these predominant religious sects oppose pre-marital sex for all young people, arguments have suggested that females are more restricted and placed as central in the theme of abstinence and sexual restraint (Abbott et al., 2016; Jung, 2005). In the Christian religion, female virginity carries spiritual importance based on the description of Jesus' conception (Pollard, 2006; Rosenberg, 2016). According to biblical texts, Mary is selected to be the mother of Jesus because of her virgin status (*ibid*). Likewise, to emphasize what can be viewed as female subordination, the church is often regarded as the bride of Christ, whom purity is expected from; and females are subtly expected to strive to attain these basic requirements (Izugbara, 2004; Thurlkill, 2008). These ideologies show how a spiritual significance is accorded to female virginity (Pollard, 2006; Rosenberg, 2016).

A similar pattern is also noted in Islamic texts where the virgin status of females is more revered than that of males (Thurlkill, 2008). Aside from highlighting the issue of sexual purity for females, this also draws attention to discourse - as the way knowledge is produced through social practices (Wetherell, 2007). From the above, it can be noted that the discourses in Nigeria

surrounding sexual activity among females imply male domination, alluding to the fact that sex is often framed along the lines of patriarchal views. It is therefore not uncommon that when females deviate from these religious statutes by becoming pregnant out of wedlock, they experience ostracization and in some cases, physical torture (Weimann, 2010).

In a news report by Cable News Network (CNN), a 17-year-old girl in Northern Nigeria was sentenced to 180 strokes of cane for becoming pregnant out of wedlock (CNN, 2000). Similarly, eight cases of being sentenced to 80-100 strokes of cane for engaging in premarital sex and getting pregnant out of wedlock have also been documented across Northern Nigeria between 2000-2003 (Weimann, 2010). This act of punishment (i.e., caning) has been attributed to the prevalent religion in the North (i.e., Islam) and it demonstrates how religion can promote negative social values within a society. Nevertheless, these experiences of ostracization are not only limited to the Northern part of Nigeria (Balogun, 2013). The evidence discussed therefore show how religion uses stigma to help maintain gendered power differentials and form a social narrative of what is considered acceptable and unacceptable for females.

Against this backdrop, teenage pregnancy and motherhood are portrayed as social problems for a number of reasons. First, it is a sharp contrast to the religious message of sexual purity. Second, it is not in tandem with the religious expectation of female sexuality and lastly, it disrupts the moral order of the religious institutions which promote female restraint and subordination. As religion is known to influence the way of life of its people, the religious construction of teenage pregnancy and motherhood as a social problem in Nigeria has become internalised and seen to be a threat to the moral order and religious beliefs of the society (Case, 2016).

3.4.2 Deviation from cultural norms

There is a close relationship between religion and culture, however, religion does not aptly explain how cultural norms regarding sexuality become embedded in gender ideologies which determine what is expected of an individual within the contexts of sexual expressions (Ellemers, 2018). Across the world, people often follow socially constructed ‘social scripts’ of what it means to be a male or a female and what constitutes appropriate male and female behaviour, roles, and characteristics (Ellemers, 2018; Case, 2016). Although gender is used to distinguish what is considered feminine or masculine, it does not always end there (*ibid*). According to Butler, (2004);

To assume that gender always refers to feminine and masculine characteristics is to miss the critical point that the production of these binaries comes at a cost. (p.42)

The consequences of these gendered binaries (of what is expected of males and females) are evident in the construction of female sexuality in Nigeria. As discussed previously, female subordination and sexual restraint are tenets of Nigerian society. The Nigerian culture affords males the privilege of sexual freedom while females are expected to be passive in sexual matters, maintain their virginities until marriage, and uphold the dominant morality of society (*ibid*). Because women's sexual desires are only seen to be useful in satisfying male sexual egos, sexual autonomy for women is not seen as a norm (Izugbara, 2004; Izugbara, 2008; Smith, 2010). Women are therefore expected to preserve themselves for their male counterparts and negative language is used to characterize females who do not follow this social order (*ibid*). Here, certain features of social constructionism such as how language and power dynamics are used by society to repress female sexuality through the constructs of virginity are evident (Smith, 2010).

Since this study is conducted in the South-Western part of Nigeria and it incorporates the prevalent gendered expressions of sexuality for women, this region will be used as a focal point to further explain how teenage pregnancy and motherhood is constructed as a social problem based on cultural norms and expectations. In South-Western Nigerian culture, the female sexual organ is referred to as *oju ara obinrin* which means the *eye of a woman's body* (Balogun, 2013; Olabode, 2009). Thus, there is a strong fixation on sexual purity for females as their identities are tied to what is between their legs (Case, 2016; Oti & Ayeni, 2013). Because a female's identity is largely dependent on her virgin status, virginity is regarded as a highly valued female attribute (*ibid*). In this region, females are therefore socialized to remain virgins until marriage (Ashaolu, 2017; Familusi, 2012). A female who remains a virgin until marriage carries a high social value, boosts a man's sexual ego and brings honour and pride to her family and that of her husband (*ibid*). She also attracts a high bride price which confers social respectability upon her (*ibid*). This virginity prizing can also have other significant implications. For instance, when a woman experiences rape, a level of shame is added to her identity as she is perceived to have acquired a mark that devalues her or damages her status as a 'virgin'. Even though she is not responsible for the rape that has been committed against her, she can experience shaming due to society's commitment to social norms, standards, and values (McDonald, 2020). As such, many perpetrators of rape go unpunished (see section 2.8.2), and many unmarried young women fail to seek healthcare after a rape has occurred, due to the stigma surrounding it. This silent

culture of rape reinforces gendered hierarchies and shows how virginity prizing can objectify women and reduce their social value once it is lost (Bhana, 2017).

Due to the cultural connotations surrounding female sexuality, getting pregnant out of wedlock attracts negative societal consequences (Babátúndé et al., 2018; Balogun, 2013; Case, 2016). In most of the Nigerian cultures, particularly the Yoruba's, being pregnant and becoming a mother within the context of marriage is seen as a thing of delight that calls for celebration. However, single motherhood is highly stigmatised as it carries a status of illegitimacy for children born into such homes (Babátúndé et al., 2018; Balogun, 2013; Familusi, 2012). Thus, people abhor traits of stigmatisation in their discourses and constructions of unmarried teenage pregnancy and motherhood. In many South-Western communities, pejorative phrases such as; *Oyun iya* (pregnancy of suffering) and *Oyun eye* (pregnancy of shame) are used to depict teenage pregnancy (Balogun, 2013). Female teenagers who get pregnant out-of-wedlock are societally considered *damaged*, *promiscuous* and *unable to control their sexualities* (Omobola, 2013; Rotimi, 2016). They also carry a low social status, are considered unmarriageable, and are seen as a disgrace to their families and communities (*ibid*).

The use of negative discourses to define a woman as “damaged” because she is no longer a virgin highlights patriarchal tones which give males domination over a female's sexuality (Smith, 2010). This is consistent with Collins (1971) study on the history of sexual stratification among males and females in the United States which note that “*a woman's virginity is the property of the men around her* (p.5)”. In this way, virginity is used as a means of social control to reinforce unequal power balances in sexual relations which gives priority to male sexual pleasure and place women as subordinates to males whose main roles are to satisfy the desires of men (Izugbara, 2008; Smith, 2010).

Going by these perspectives, the construction of teenage pregnancy and motherhood among unmarried young women as a social problem rests on several cultural reasons. Teenage premarital fertility serves as a visible marker of sexual intercourse which represents a deviation from the cultural norms and expectations of female sexuality. It also represents a cultural failure to exert control over young girl's expressions of their sexuality, lending itself as a threat to the dominant patriarchal culture of the given society.

3.4.3 Socioeconomic outcomes and teenage pregnancy and motherhood

In many quantitative academic texts in Nigeria, teenage pregnancy has been associated with poorer socioeconomic outcomes for both mother and child (see for example; Amoran, 2012; Garba et al., 2016; Izugbara, 2015) and by some, this has been interpreted as a ‘cause-and-effect’. Studies conducted in Nigeria claim that early pregnancy increases the risk of socioeconomic disadvantage for teenage mothers than those who delay childbearing till their older years (see for example; Achema et al., 2015; Ekefre, Ekanem, & Hons, 2014; Okonofua, 2013). In a literature review by Odu et al. (2015) on teenage pregnancy and motherhood, it was stated that “*teenage pregnancy and motherhood has long time adverse socio-economic impacts on adolescent mothers... they are more likely to continue in poverty and this is capable of truncating their future and that of their children*” (p. 15). While other studies carried out in this area also follow these perspectives, a few studies have however suggested that it is pre-existing disadvantage rather than becoming a teenage mother itself that causes poor socio-economic outcomes for teenage mothers.

Studies conducted by Ayuba and Gani, (2012) and Okereke (2010) investigate the determinants and outcomes of teenage pregnancies in Southern Nigeria; in these studies, it was discovered that pregnant teenagers and teenage mothers who suffered socio-economic disadvantage came from low-income families. This is also consistent with western literature which suggests other pre-existing factors contribute to young mother’s predisposition to poor life outcomes. In the United States, for example, studies have shown that female teenagers who have low educational aspirations, experience violence and whose parents have low educational status are more likely to become pregnant and have poorer outcomes than their fellow counterparts (Copping et al., 2013; Maynard, 1995; Tan & Quinlivan, 2006) These studies demonstrate that the link between early childbearing and adverse economic outcomes is much more complex than linearly stated. Following this premise, it is argued that teenage pregnancy and motherhood is more of a compounding effect on previously existing disadvantage rather than a cause of poor socio-economic outcomes (Arai, 2009; Duncan et al., 2010).

Another aspect of the construction of teenage pregnancy and motherhood as problems is based on its perceived impacts on educational attainment and the consequent effect on socio-economic outcomes. According to a report on education by UNICEF, (2020), Nigeria has one of the highest school drop-out rates among children in Africa. As noted in this report, more than 75%

of school drop-out children in Nigeria are females and teenage pregnancy and motherhood has been implicated as one of the major causes. This is consistent with findings from a study that explored pregnancy among in-school adolescents in rural Nigeria and noted that 82.4% of unmarried teenage mothers recruited for the study discontinued schooling after they had become pregnant (Onyeka et al., 2012). Onyeka et al.'s study therefore suggests that teenage pregnancy and motherhood hampers education and results in limited vocational opportunities and earning capacities for teenagers (*ibid*).

Although teenage pregnancy and motherhood has been associated with educational disruption in Nigeria (see Ekefre et al., 2014; Onyeka et al., 2012), out-of-school drop-out as a result of pregnancy and motherhood is not usually as a result of the choice of the teenager. In studies conducted by Leckie and Gallagher, (2011), Onyeka et al. (2011) and Ekefre et al. (2014), pregnant teenagers in Nigeria were found to be expelled, pressurized and forced to leave school, thus denying them their right to education. Literature on young mothers in education in Nigeria is sparse because returning numbers are low and there is currently no policy targeted at ensuring young mothers return to education. Nevertheless, inferences can be drawn from other studies conducted in Africa on young motherhood. Research conducted in Ghana on the transition into young motherhood show that teenage mothers sometimes struggle with managing the competing responsibilities of motherhood and education due to a lack of family, educational and societal support (see for example; Gbogbo 2020; Dzosti et al., 2020). Also, studies conducted in South Africa suggest that unmarried teenage mothers who return to school after the birth of their children do often experience marginalisation and lack of educational support, compromising their chances of ever becoming economically independent (Bhana et al., 2010; Nkani & Bhana, 2010; Panday et al., 2015).

While pregnant teenagers may be forced to drop-out of school or discontinue their education due to the challenges they face, this is not often the case with their male counterparts who impregnate them thus constituting gender bias (Ekefre et al., 2014; Onyeka et al., 2012) and inequality (Moletsane, Mitchell, & Lewin, 2015). It is imperative to note that in Nigeria's changing socioeconomic environment, educational attainment has become a measure of status for both the males and females in the country (Ekefre et al., 2014). This suggests that educational discrimination and stigmatisation may be contributing in part and in some cases, aggravating the adverse socio-economic consequences, experienced by unmarried teenage mothers.

3.4.4 Health outcomes and teenage pregnancy and motherhood

Another set of claims in the literature revolves around the theme of negative health outcomes attributed to teenage pregnancy and motherhood (Neiterman, 2012). Many researchers in Nigeria, contributing to this body of work, argue strongly against teenage pregnancy and motherhood because of its associations with negative health outcomes for the mother (Garba et al., 2016; Ijarotimi et al., 2019). With the adolescent maternal mortality rate accounting for 33% of all maternal deaths in Nigeria (Adeyinka et al., 2010), many studies argue that the incomplete development of their genital tract and musculoskeletal system predisposes them to worse overall obstetric outcomes (WHO, 2020b).

An alternative explanation for negative outcomes can be that pregnant teenagers lack proper utilization and access to maternal health services and information which can help them mitigate these negative outcomes. In a study by Nwobodo & Panti, (2012) using hospital case records between 2000-2009 to determine the maternal mortality rates (MMR) among adolescents aged 15-19 years in Nigeria, it was discovered that adolescent MMR was 5415 deaths/100,000 live births (compared to the national MMR rate of 630 deaths/100,000 live births among women aged 15-49 years based on a review conducted by Piane, 2019). The main causes of death were eclampsia (53.9%), prolonged obstructed labour (15.3%), anaemia (14.5%), haemorrhage (9.1%), and abortion (2.4%) (*ibid*). While this rate is high, the study went on to suggest that most of the deaths would have been preventable if adolescents utilized adequate ante-natal care or had appropriate support. Even though antenatal care and postnatal care are vital for pregnant adolescents, studies have shown that adolescents have the lowest utilization rates of maternal health services in Nigeria with an estimated less than half of pregnant adolescents aged 15-19 years receiving antenatal care from a skilled provider (Idowu et al., 2017, Izugbara et al., 2017).

There are many reasons why pregnant teenagers may not utilize maternal health services. The most recurring themes which have been cited in literature centre on poor finance, lack of support, stigma and poor access to SRH services (Envuladu et al., 2017; Odo et al., 2018). Two studies evaluating the obstetric outcomes of teenage pregnancy in South-Western Nigeria revealed that while unmarried pregnant teenagers were more prone to poor obstetric outcomes (such as anaemia, gestational hypertension and pre-eclampsia), poor socioeconomic status, inadequate support, and poor utilization of prenatal services may have exacerbated the poor obstetric outcomes (Ijarotimi et al., 2019; Adelaja & Taiwo, 2011). This is also supported by

research which shows that pregnant adolescents have limited and, in some places, no access to sexual and reproductive health information and services in their environment (Envuladu et al., 2017; Odo et al., 2018).

Similarly, studies conducted in Nigeria have noted that poor pregnancy outcomes may also partly result from teenagers being less likely to access appropriate antenatal care due to stigma and discrimination (Aransiola et al., 2013; Osaikhuwuomwan & Osemwenkha, 2013). In addition to the health problems associated with teenage pregnancy and motherhood, there are also perceived mental health concerns (Ayamolowo et al., 2019). Although only one study has explored mental health in association with teenage pregnancy and motherhood in Nigeria, the findings from the study depict teenage pregnancy and motherhood as a phenomenon that predisposes teenagers to mental health problems (Ayamolowo et al., 2019). However, there is evidence from high-income settings to suggest that the social factors that contribute to teenage pregnancy and motherhood also contribute to the development of a mental disorder (Wilson-Mitchell et al., 2014). It is therefore difficult to tell whether the stress involved with teenage pregnancy and childbearing results in poor mental health outcomes or whether these stem from the adverse life circumstances that often precede and are consequent on teenage pregnancy and motherhood.

3.4.5 Teenage pregnancy and motherhood, and poor outcomes for their children

Teenage pregnancy and motherhood are often viewed as a negative phenomenon in Nigeria due to its perceived association with negative health consequences for the child during birth and infancy (Osaikhuwuomwan & Osemwenkha, 2013). In a retrospective study by Ezegwui et al. (2012) to compare obstetric outcomes amongst teenage mothers aged 13-19 years and older mothers aged 20-35 years in Southern Nigeria, it was noted that teenage mothers had higher rates of preterm delivery (18.9% vs. 11.4%, $P = 0.001$), low birth weight (23.0% vs. 10.5%, $P = 0.005$) and perinatal mortality (16.2% vs. 12.4% $P=0.005$). Similarly, in a ten-year review of adolescent obstetric outcomes in South-Western Nigeria, it was noted that teenagers aged 15-19 years had a perinatal mortality rate of 106 deaths per 1000 births (Ijarotimi et al., 2019). While children born to teenage mothers have been argued to be at higher risk of infant mortality, malnutrition, low birth weight, and developmental problems (Ezegwui et al., 2012; Ijarotimi et al., 2019), there is evidence to suggest that this is not always the case.

Although few, some studies which have been carried out in Nigeria have found no statistical difference in perinatal outcomes for both older mothers and young mothers. In a comparative study conducted by Adegbola & Sanusi, (2019) in South-Western Nigeria, they noted that there was no statistical difference in low-birth-weight outcomes between teenage mothers (aged 15-19 years) and young women (aged 20-24 years). Another case-control study conducted by Omole-Ohonsi & Attah, (2010) also noted that there was no statistical difference in perinatal mortality between teenage mothers (15-19 years) and older mothers (aged 20-34 years). These findings thus suggest that pregnancy, irrespective of age can be a risk factor for poor obstetric outcomes.

Nevertheless, these negative outcomes for young mother's children have not only been noted to occur during delivery but also in early childhood. Studies conducted across Nigeria have reported that deaths by malnutrition are higher among infants of teenagers (Morakinyo & Fagbamigbe, 2017; Olusegun et al., 2012). However, it can be argued that the lack of support and financial constraints experienced by unmarried young mothers (Amaran, 2012) often constrain their abilities to ensure adequate nutritional uptake for themselves and their children. Additionally, some studies have noted that infant and child mortality among teenagers in Nigeria can also be attributed to their persistently low access of postnatal care and support from immediate community members (Amaran, 2012; Ayuba & Gani, 2012; Ijarotimi et al., 2019). For example, many teenage mothers lack the finances and/or knowledge about important aspects of these services including the appropriate booking time and the recommended number of visits (Salam et al., 2016).

From the above paragraphs, it is clear that other factors can predispose children of teenage mothers to poor outcomes rather than the incompetency of the mother itself. Thus, it can be argued that with adequate support and awareness of child healthcare services, the rate of infant and child deaths and poor outcomes might be reduced amongst this group. While no quantitative or longitudinal study has been carried out in Nigeria to completely validate these claims that adequate antenatal and postnatal support might reduce poor health outcomes for children, many studies conducted in South Africa have documented positive perinatal outcomes with adolescent births which were characterized by appropriate antenatal care, postnatal care and intensive nutritional counselling (Hoque & Hoque, 2010; Sulaiman et al., 2013).

Although not explicitly stated, many scholars in Nigeria perceive unmarried teenage mothers as too young to become 'good' mothers (Ayuba & Gani, 2012; Izugbara, 2015). In these academic

texts, female teenagers are assumed to be unprepared for motherhood and unable to cope with the demands of motherhood (*ibid*). These findings parallel studies conducted in Ghana which show that pregnant teenagers are sometimes pressurised by their immediate families to procure abortion due to the belief that they will be incapable mothers (see for example; Bain et al., 2019; Aziato et al., 2016). The arguments against premarital childbearing are based on the premise that effective mothering requires a specific set of social and economic conditions such as; having a level of educational attainment or career, being married or in a stable adult relationship and having the means to provide for a child, which the authors assume teenagers do not have (Adegbola & Sanusi, 2019; Ayuba & Gani, 2012; Garba et al., 2016). Hence, teenage motherhood among unmarried teenagers in this context is seen as a ‘mistake’ which causes poor outcomes for both mother and child (Ekefre et al., 2014; Melvin & Uzoma, 2012).

Some of the assumptions underpinning these studies has been challenged by qualitative studies conducted in high-income countries which argue that teenage mothers can be good parents. For example, studies conducted in the United Kingdom and the United States have shown that young mothers can build good interpersonal relationships, develop positive maternal identities, provide quality support and make reasonable parenting decisions for their children (Ellis-Sloan, 2014; Jones et al., 2019; Mollborn, 2017). These studies have also shown that to be good role models to their children and improve their life outcomes, teenage mothers often return to school to pursue educational and career goals (*ibid*).

Based on these studies, the preference for childrearing in adulthood may be unfounded as age might not be the only factor responsible for improved capacity for motherhood, given the complex factors (such as social, cultural, and personal) that influence successful mothering (Ellis-Sloan, 2014; Jones et al., 2019; Mollborn, 2017). It is important to note that the argument for the scarcity of successful mothering outcomes among teenage mothers in Nigeria can be based on the fact that several studies in Nigeria often approach teenage pregnancy and motherhood from public health perspectives which are predominately preoccupied with characterizing teenage motherhood with poor parenting and poor nurturing skills. Thus, positive stories of overcoming the challenges associated with teenage pregnancy and motherhood remain under-researched. This demonstrates an important empirical gap in Nigerian literature on teenage pregnancy and motherhood.

As highlighted above, while the prevailing negative view of teenage pregnancy and motherhood as a social problem is gradually being challenged by academics in many high-income countries and some parts of sub-Saharan Africa such as South Africa (Arai, 2009b; Macleod & Feltham-King, 2019), this is not the case with Nigeria. Despite studies that might suggest otherwise, teenage pregnancy and motherhood are still viewed entirely as undesirable social outcomes to be prevented (Amoran, 2012; Ayuba & Gani, 2012; Ijarotimi et al., 2019). Thus, unmarried young mothers still predominantly encounter negative social representations within society. Having considered the social construction of teenage pregnancy and motherhood as a problem globally and in Nigeria, the remainder of this chapter will go on to discuss the theories of stigma, its applicability and adaptability to this study and its potential effects on the wellbeing and identity of unmarried young mothers.

3.5 Stigma and unmarried teenage mothers

Goffman (1963, p.13) describes stigma “*as an attribute that is deeply discrediting...an undesired differentness that reduces individuals from whole persons to tainted, discounted ones.*” Goffman’s definition is relevant in understanding how teenage pregnancy and motherhood is constructed as problematic. Applying Goffman’s stigma theory to teenage pregnancy and motherhood, the “*differentness*” of pregnant teenagers and teenage mothers is considered undesirable because it deviates from expected societal perceptions of morality (see section 3.4.2).

According to Goffman, (1963), the level of stigmatisation that an individual will experience depends on whether they possess stigmatising attributes that are *discreditable* (i.e., whether they have a trait that is not conspicuous and can be hidden from the public) or *discredited* (i.e., whether they have a trait that is easily noticeable by the public). In many societies worldwide, unmarried pregnant teenagers are discredited based on attributes which serve as visible markers for stigmatisation namely; they are young, unmarried, and pregnant (Macleod & Feltham-King, 2019). As a result, they are often put in a separate group and given a label (stereotyped) which links them to undesirable characteristics (Jones & Corrigan, 2014). This is evidenced in a study by Macvarish and Billings, (2010) where they argue that discourses surrounding teenage pregnancy and motherhood in the United Kingdom have shaped “*the construction of the teenage mother as a social threat, lacking in rational and moral agency*” (p.319). Thus, teenage mothers are represented in mainstream media and culture “*as the wrong kind of mothers, producing the wrong kind of children*” (Macvarish & Billings, 2010, p.319).

Building on Goffman's research, Scambler, (2009) in his work *Hidden Distress Model of Epilepsy* posited that stigma has both social and personal components and thus proposed two additional dimensions to stigma; *enacted stigma*-which refers to the discrimination carried out by others on an individual, based on the visibly discrediting qualities that they possess and *felt stigma*- which refers to an individual's internalisation of shame due to their stigmatising conditions and the subsequent fear of encountering stigma. As highlighted in the previous sections the construction of teenage pregnancy and motherhood as problematic and leading to negative outcomes for both mother and child is evident. Thus, pregnant teenagers and teenage mothers have to navigate through other people's negative reactions to their 'differentness' while managing their self-perception. Indeed, it can be implied that unmarried young mothers often face two major challenges; "*a social context of discrimination based on stigma and an internalised sense of a stigmatised self*" (Fessler 2008, p.6).

Goffman, (1969, p.13) notes that a stigmatising attribute is neither "*credible nor discreditable as a thing in itself*." This suggests that stigma is socially constructed and used as a form of social control to enforce conformity and punish individuals who are not compliant (Chaudoir et al., 2013). This idea is reflected in many international studies conducted on teenage pregnancy and motherhood which show that stigma is often used to define acceptable and unacceptable characteristics of motherhood (see for example; the 'good mothers vs bad mothers' discourse) and to reinforce gender and power differentials (Cook & Cameron, 2017; Duncan et al., 2010; C. Jones et al., 2019).

Here, two distinct roles appear; that of the *stigmatiser*- who classifies individuals and label their traits as unacceptable or undesirable based on societal ideals, and the *stigmatised*- those who experience marginalisation because they fall short of societal ideals (Jones, 2002; Jones & Corrigan, 2014; Scambler, 2009). It is therefore important to understand the power dynamics embedded in the social relationships between the stigmatiser and the stigmatised and how this contributes to the reproduction of social inequalities amongst stigmatised individuals within society (Jones & Corrigan, 2014). To attend to this, a further definition of stigma was developed by Link and Phelan (2001). In their work on *conceptualizing stigma*, they argue that:

Stigma is dependent on access to power which allows for the labelling of individuals, the construction of stereotypes, the separation of labelled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination (p.365).

Based on this claim, Link and Phelan (2001) argue that power is central to the enactment of stigma because it allows a dominant group to discriminate and cause significant negative consequences for individuals of a lesser group. They view power as unidirectional and propose that for real stigma to occur, it has to be within the context of unequal power dynamics (*ibid*). This shows the dynamic element of stigma and its embeddedness in social structures of power (Solanke, 2016).

Many studies exploring stigma among unmarried young mothers have primarily drawn from early theorists of stigma such as Goffman (1969) and Scambler, (2009). Although Link and Phelan's (2001) concepts of stigma have been commonly used in mental health research, they have merit in other contexts as their perspectives can enable a deeper understanding of the power dynamics embedded in stigma relations, the mechanisms involved in perpetuating stigma and the difficulty that can be encountered in resisting stigma. This study aims to add to the existing literature on teenage pregnancy and motherhood by looking at it through the lens of Link and Phelan's framework that is currently underutilized in teenage pregnancy and motherhood research. This thesis will draw on Link and Phelan's (2001) components of stigma (*labelling, stereotyping, separation, status loss, and discrimination through exercise of power*) to explore how stigma is operationalized in the lives of unmarried young mothers. These components will be discussed next.

3.5.1 Labelling

According to Link and Phelan (2001), a label is used to identify or define an individual as different. However, while labels are used to determine difference, they may not necessarily carry negative connotations when there is a lack of social relevance (Link & Phelan, 2006). Hence, many labels are often taken for granted or overlooked (*ibid*). Based on their concept of stigma, for a label to be linked to undesirable characteristics, it has to carry social relevance (Link & Phelan, 2001). Social relevance refers to the significant societal interpretations given to a particular phenomenon which defines what is acceptable and unacceptable (Chaudoir et al., 2013). Due to the subjectivity of what is considered significant across different cultures and societies, the social relevance that a label carries differs from society to society, thus, the negative or positive labelling of an individual is socially constructed by members of that particular society (Link & Phelan, 2001). This concept of labelling moves the focus from the labelled individual to those who assign it; and on the social processes that are involved in the

selection of a particular characteristic as socially relevant (Link et al., 2015). Labelling can therefore be argued to be a social process through which an individual is constructed as different (Link & Phelan, 2013).

Although the societal definition of a label can link it to undesirable attributes, for it to result in stigma, it has to be situated within unequal power relations (Link & Phelan, 2014). This is because even in the context of negative labelling, those with power can escape the stigmatising consequences of a label (*ibid*). Thus, for stigma to occur, an individual has to be given a label and be unable to resist the predisposition of the labelling to negative characteristics and outcomes (Link & Phelan, 2014). In this study, the power dynamics involved in the labelling of unmarried young mothers will be explored.

3.5.2 Stereotyping

Stereotyping refers to a process through which commonly held negative beliefs and attributes are associated with the label given to an individual due to their differentness from the rest of the society (Major et al., 2018). According to Link and Phelan (2001, p.364), “*the strength of the connection between labels and undesirable attributes can be relatively strong or weak.*” Thus, the degree to which an individual will be stigmatised depends on the extent to which their undesirable characteristic deviates from the acceptable norms and values of their society (Link et al., 2015).

While previous studies on stigma have focused on the link between stereotypes and attributes/marks (Goffman, 1963; Jones, 2002), Link and Phelan discuss stereotypes in the way it affects individuals and how others react to them. Through stereotypes, individuals are categorized cognitively, and expectations are created about them based on how they are being constructed or represented within the wider society (Link et al., 2015). Based on the labels ascribed to individuals and the stereotypes collectively attached or linked to their identities, how an individual is perceived is altered (Major et al., 2018).

Using a vignette experiment conducted by Link et al., (1987) which explored the beliefs about former mental health patients in the United States, these authors show how stereotypes allow individuals to assume unrelated characteristics about an individual’s identity. They also show how stereotypes give meanings to labels and how this can play a detrimental role in the life of stereotyped individuals (Link & Phelan, 2006; Link & Phelan, 2013). Thus, they argue that through stereotypes (which are embedded in preconceived notions about an individual’s social

identity), practical consequences of stigma are enforced (*ibid*). To this end, Link and Phelan's notion of stereotypes can provide insights into how unmarried teenage pregnancy is stereotyped and used to depict the inferior positioning of unmarried young mothers in South-Western Nigeria.

3.5.3 Separation

The third component of stigma according to Link and Phelan (2001), involves a process through which stigmatised individuals are separated from non-stigmatised individuals. This is commonly referred to as *Us vs Them* (Jones & Corrigan, 2014). Using the United States' history of racial and ethnic group separation as an example, Link and Phelan argue that to become stigmatised, a person has to be positioned in contrast to the ideal societal expectations- a concept referred to as *Othering* (Link & Phelan, 2001). However, *othering* may not always be stigmatising.

Further insights on how othering can be stigmatising can be drawn from Simone De Beauvoir's classic work on *The Second Sex* in (1953) where she argued that to construct a set of acceptable traits which an individual or group possesses, it must be done in relation to, and in contrast to what is unacceptable. Thus, she argues that "*no group sets up itself as one without first setting up the other to which it would compare itself to*" ((De Beauvoir, 2013, p.17). As highlighted in the previous sections, a female's ability to suppress her sexuality is central to her framing as good or bad in Nigeria, particularly in the South-Western culture. Thus, to critically understand the social identity of the unmarried teenage mother in Nigeria, it is important to explore how social categories for femininity in Nigeria (such as 'non-virgin'/ 'pregnancy outside wedlock') are constructed as "*binary opposites* (p.17)" to the other (i.e., 'virgin'/'pregnant within marriage') and its implications.

Many sociologists believe that in everyday life, individuals or members of a particular group use the concept of *otherness* to mark individuals as insiders or outsiders (Chaudoir et al., 2013; Major et al., 2018). This distinction between an insider vs an outsider leads to value judgements as those who are perceived as *normal, good, or like us* are seen to be insiders (Us) while those who are presumed to be *different or deviant* are seen to be outsiders (Them) (*ibid*). This process of othering shape how we see others as belonging to our social group and influences how we treat them (Jones & Corrigan, 2014).

The definition of a group as the other is dependent on power relations (Link & Phelan, 2014). Because what is acceptable and unacceptable is socially constructed, individuals who are in power or who belong to the majority group can ascribe negative labelling and stereotyping to subordinate groups and define them as inferior or deviant (*ibid*). Thus, through othering, an individual is marked as inferior and is separated from the rest of the group through marginalisation, social distancing, and exclusion (Barter-Godfrey & Taket, 2009; Major et al., 2018). In extreme cases, the process of othering/separation can lead to dehumanization-a process where an individual's social identity and label are combined (Link & Phelan, 2001). For instance, a person suffering from leprosy can be referred to as a leper, reducing their human identities and objectifying them (Link & Phelan, 2001; Link et al., 2015). In this way, it can be seen how othering/separation underlies the production and reinforcement of stigma. Applying this concept to this study, how stigma power is constructed and used as a tool to reinforce the marginalisation of unmarried young mothers in South-Western Nigeria will be explored.

3.5.4 Status loss and discrimination through exercise of power

Through the use of social hierarchies, Link and Phelan (2001) highlight the social costs associated with having a devalued identity and address how societal institutions perpetuate discrimination within the society. They argue that:

When people are labelled, set apart, and linked to undesirable characteristics, a rationale is constructed for devaluing, rejecting, and excluding them. Thus, people are stigmatised when the fact that they are labelled, set apart, and linked to undesirable characteristics leads them to experience status loss and discrimination (Link & Phelan, 2001, p.371).

Based on their concept, status loss is seen to be a consequence of negative labelling and stereotyping (Link & Phelan, 2013; Link et al., 2015). Due to their status loss, individuals are placed at a disadvantage because their devalued status makes them less desirable for social inclusion (Link, Phelan, & Sullivan, 2017). This often leads to discrimination where they are marginalized by others within the society (*ibid*). Discrimination can occur in two ways; individual discrimination and structural discrimination (Link & Phelan, 2001). Individual discrimination, similar to enacted stigma refers to the behaviours people engage in to exclude and marginalize others from society (Link & Phelan, 2006). While structural discrimination is

a process through which power is exercised to promote disapproval, seclusion, and stigmatisation among stereotyped individuals (Link & Phelan, 2014).

Link and Phelan (2001) construct structural discrimination as an integral part of stigma and use examples from institutional racism to discuss how societal structures can enforce social disadvantage among marginalized groups. They argue that with structural discrimination, societal institutions can bring attention to an individual's undesirable attribute and make the stereotypes attached to them widely accepted (Link & Phelan, 2014). Through the use of social control, these societal institutions can enforce separations between stereotyped individuals and create barriers which limit their life chances, access to resources, and opportunities (Link & Phelan, 2001). By so doing, stigma is transformed from a concept to a social reality for stigmatised individuals. Here, Link and Phelan (2001) add a novel and wider structural component to the stigma framework by providing a shift from the interactional perspective of stigma to the social and structural contexts which support it (Holley et al., 2012). Furthermore, they also show the complex interplay embedded in individual interactions, social structures, cultural contexts, and the underrepresented role that power plays as a central component of stigma (Link et al., 2017; Stangl et al., 2019; Tyler & Slater, 2018).

As illustrated in this section, societal attitudes towards teenage pregnancy and motherhood can be understood by drawing on Link and Phelan's (2001) components of stigma. Whilst stigma and unmarried teenage mothers in Nigeria is relatively understudied, based on the literature that captures the challenges that unmarried young mothers face and the cultural norms prevalent in the society (see section 3.4.2), unmarried teenage mothers are likely to encounter stigma. This study will draw on theories of stigma developed by Goffman, Scambler, Link and Phelan, as well as recent academic scholars on stigma to explore how unmarried teenage mothers are labelled, stereotyped, separated, and discriminated against. This approach to understanding stigma in the lives of unmarried young mothers is well suited within a social constructionist perspective as it considers how stigma power, language and discourse are used to construct teenage pregnancy and motherhood as a 'threat' and reinforce otherness, marginalisation, and inequality within the South-Western society.

The consequences of the social constructions of teenage pregnancy and motherhood are real for those who are stigmatised (SmithBattle, 2013). Thus, the literature on the effects of stigma on pregnant teenagers and teenage mothers will be discussed next.

3.5.5 Effects of stigma

The discourse on teenage pregnancy and motherhood categorizes, constructs, and positions teenage mothers in particular ways. Cooley (1902) argues that the outward description by others affects the inner definition of self, and this manner of being defined by others may produce an identity. At an individual level, the ‘I’ is that part of the self that responds to others whereas the ‘Me’ consists of the attitudes and responses of others internalised into the self (Jenkins 1994; Cooley 1902). According to Mulongo (2006), unmarried teenage mothers can be defined as a group and as a category. As a group, they internally define themselves as young unmarried mothers, alternatively, the community, policy, and research externally define them as a specific category which is predominantly negative and so, their identity consists also, in the negative discourses that they have to contend with (Mulongo, 2006; Stapleton, 2010). This can be counterproductive to their wellbeing.

The concept of wellbeing is diverse and has multiple meanings based on different contexts (Dodge et al., 2012). Having a singular definition of wellbeing which is inclusive of all its facets can therefore be challenging (*ibid*). Although there are many aspects of wellbeing, this study focuses on the mental aspect of wellbeing. There are two major approaches to the concept of mental wellbeing; the *hedonic* and *eudemonic* systems of interpretation (Steptoe et al., 2015). The *hedonic* approach to wellbeing incorporates emotions, feelings, and life-satisfaction and it suggests that good mental wellbeing is when people experience maximum pleasure (*ibid*). The *eudemonic* approach, on the other hand, suggests that wellbeing is not achieved in pleasure but rather, in finding meaning, purpose, self-acceptance, and autonomy (Vanhoutte, 2014). Merging these two ideas, mental wellbeing encompasses hedonistic theories of maximum pleasure and life satisfaction and eudemonic philosophies of wellbeing which relate to finding purpose and meaning (Steptoe et al., 2015). In this study, the focus on mental wellbeing will incorporate these two approaches. Examining the effects of stigma on wellbeing further, Jones et al. (2002) state that:

When a mark is judged to be socially unacceptable, the stigma that it carries is likely to permeate all aspects of the self and become the super category for which others define them. (p.138).

In studies conducted in Ghana on adolescent motherhood, young mothers often narrated being estranged from their peers and immediate family members due to becoming pregnant young.

Experiences of verbal abuse, rejection by partners, expulsion from school and early marriage have also been documented among other young mothers' narratives in Rwanda, Sierra Leone, and Tanzania (November & Sandall, 2018; Coast et al., 2019; Wamoyi et al., 2019). Drawing from these experiences, stigma can thus alter an individual's perception of self which can lead to internalised stigma. A study conducted by Watts and McMichael, (2015) to explore the experiences of African American teenage mothers in Australia, noted that participants often experienced feelings of shame because they became pregnant young, consequently colouring their positive experiences of motherhood. Similarly, in a study by SmithBattle (2013), to explore stigma and discrimination among teenage mothers in the United States, it was noted that stigma often affected young mothers' self-esteem and led them to internalise stigma. This finding that young mothers can experience internalised stigma due to the prevalent stereotypes associated with their identities was also documented by Mantovani and Thomas, (2014) in their study exploring teenage mothers being looked after by the state.

Studies have shown that young mothers can also anticipate stigma. Fessler, (2008) in a study exploring young mothers' experiences of stigma in the United States noted that because young mothers were aware that they possessed a devalued identity, they often expected to be stigmatised by others. The resulting consequence of this was that young mothers became more sensitive to stigma even when none was intended (*ibid*). This anticipation of stigma and increased sensitivity to perceived stigma was also reported in a study conducted by Whitley and Kirmayer (2008) which noted that young mothers expressed increased awareness of public scrutiny whenever they went out with their children. Similarly, in a recent study by Southorn, (2016), it was noted that young mothers' awareness of their social representations within the society caused them to be 'hypervigilant' in public spaces.

Other studies have also documented the psycho-social impact of stigma on teenage mothers' wellbeing. In studies conducted by Boath et al. (2013) and Kinser and Masho (2015) in the United Kingdom and the United States respectively, it was noted that stigma often reinforced isolation among young mothers due to physical separation from their families and peers. Both studies also noted that these experiences of isolation were found to predispose young mothers to depression, anxiety, and loneliness. This is similar to findings from other studies that associate teenage motherhood with an increased predisposition to poor mental health (Agnafors et al., 2019; Hodgkinson et al., 2014; Hodgkinson et al., 2010).

The literature on stigma predominantly focuses on the negative consequences of stigmatisation, discussing how stigmatised individuals experience labelling, stereotyping, status loss and discrimination. As shown in the preceding paragraphs, these studies have suggested that being stigmatised leads to low self-esteem, poorer psychological adaptations, and internalised stigma. However, there is evidence to show that this may not always be the case. In a study by Yardley (2008) exploring teenage mothers' experiences of stigma, she noted that some teenage mothers saw young motherhood as a positive event and refused to have their maternal identity devalued by the belief systems of their wider society. She also noted that young mothers' awareness of their stigmatised identity did not inevitably lead all of them to internalize these judgments. For some of these young women, stigma had positive effects on their life outcomes as it spurred them to construct powerful counter-narratives to their spoiled identities, develop resilience, confidence, and maternal capabilities. This suggests that stigmatised individuals can thrive despite their stigmatising conditions and overcome the negative consequences of stigma.

In sub-Saharan Africa and Nigeria, less focus has been placed on the effects (positive and negative) of stigma in the lives of unmarried young mothers and on unmarried young mothers' experiences of stigma. This thesis will examine how unmarried young women anticipate stigma and internalise the negative assumptions of teenage pregnancy and motherhood. It will also explore the extent to which stigma can have positive and negative effects on the lives of unmarried young mothers. It is expected that the findings from this study will add to the existing literature by providing insights on stigma from a different cultural perspective and contribute to limited knowledge available in sub-Saharan Africa and Nigeria on stigma, teenage pregnancy, and motherhood.

3.5.6 Coping with stigma

In Goffman's work on *Impression Management*, he discusses how stigmatised individuals are conscious of the impressions that they make in a way that non-stigmatised individuals are not (Goffman 1955). According to Goffman (1963), stigmatised individuals engage in a performance to convey a certain impression of themselves to their audiences. As performers, they think of how they want to be viewed by their audience (in this case, society) and then construct an image (face) for themselves in an attempt to control how people perceive them (Goffman, 1955; Goffman, 1963). This image that is presented to others often follows societal expectations which allow them to 'pass' as normal (i.e., maintain face). In instances where

individuals possess visible traits (such as teenage pregnancy) that challenge the positive public images that they try to portray, people engage in actions that will preserve or salvage their self-image (i.e., save face) (*ibid*). This is often referred to as coping or stigma management strategies.

Applied to teenage pregnancy and motherhood, there are many strategies that young mothers employ to *save face* and cope with stigma. For instance, Fessler's (2008) study showed that young mothers actively avoided situations (such as attending a doctor's appointment or going to the grocery store) and environments where they felt they could experience stigma. Similarly, Ellis-Sloan's (2014) study also showed that some young mothers dropped out from post-natal support groups and refused to leave their homes in an attempt to avoid enacted stigma. Studies have also shown that young mothers often draw on social, family, and peer support in efforts to minimize stigma. In a study conducted by Ellis-Sloan and Tamplin (2019), they noted that having friends and peer support from other teenage mothers can be protective against stigma. This is consistent with some studies conducted in Ghana which show that family and partner support can help young mothers to manage the adjustments to motherhood and facilitate an easy transition back into education (see for example; Gbogbo 2020; Bain et al., 2019).

In an attempt to minimize stigma and manage social impressions, in some cultures, female adolescents may get married to their partners. In a study conducted by Gyan (2018) in Ghana, it was noted that teenage mothers often got married to their partners in attempts to escape stigma, as it was believed that marriage could help to improve a woman's respectability within society. However, this approach is not often a constructive approach to resisting stigma as it sometimes leads to repeat teenage pregnancies (Okine & Dako-Gyeke, 2020). Other studies conducted in Ghana have also shown that parents may send their daughters to live with distant relatives during their pregnancy to avoid being stigmatised (Bain et al., 2019; Gyan 2018). As some aspects of the Ghanaian culture bear similarities with the Nigerian culture, it is likely that unmarried young mothers in Nigeria may encounter similar challenges.

While studies have been conducted in many high-income countries on how young mothers cope with stigma, very few studies have explored the same in Nigeria and sub-Saharan Africa. It is therefore important to carry out similar research within these cultural contexts to see whether similarities or differences exist, in the coping mechanisms that young mothers adopt to manage stigma. This has the potential to contribute new knowledge on how different individuals from different cultural contexts mediate the effects of stigma. Furthermore, it is believed that

exploring the effects of stigma and the coping mechanisms adopted by unmarried teenage mothers in Nigeria will contribute to the limited knowledge in this research area in Nigeria.

From the literature discussed, it can be argued that the social construction of unmarried teenage pregnancy and motherhood in Nigeria is indeed stigmatisation and this may affect how unmarried teenage mothers negotiate and navigate their identities. The next section examines the concept of identity development in adolescence and its application to unmarried teenage pregnancy and motherhood.

3.6 The process of identity development during adolescence

The issue of stigma provides a basis for the exploration of identity development in adolescence. When young women become pregnant at an age that is considered unacceptable, the negotiation of their identity also consists of navigating a stigmatised social identity. The intersection of stigma and identity development is therefore important to explore as this can provide insights into the identity formation of unmarried teenage mothers.

According to Erikson (1959), humans go through eight fixed stages of development where each stage is marked by a psychosocial crisis that involves deciding between two alternates. Development is said to be achieved when an individual chooses in favour of the healthy alternative while growth and the progression to successive stages are hindered when an individual is unable to successfully resolve the crisis of a particular phase (Lile, 2013).

In Erikson's psychosocial stages of development, adolescence (the transition to adulthood as discussed earlier) is believed to be the period where an individual enters a process of constructing an identity for themselves (Kroger, 2017). This process of identity construction is characterized by two components-*exploration* and *commitment* (Erikson, 1959). *Exploration* is the process whereby individuals evaluate different identity alternates while *commitment* refers to the process whereby individuals choose a self-identity to follow through into adulthood (Kroger, 2017). During the period of adolescence, teenagers go through behavioural, cognitive and psychological changes where they begin to reflect on who they are and select commitments (such as occupational, political, religious and sexual values) which are consistent with how they would like to define their sense of self (Erikson, 1959; Lile, 2013). It is suggested that during this phase, teenagers either find a meaningful direction for their identities and develop a solid foundation for its formation or encounter an identity crisis due to the inability to resolve the inner conflicts of how they want to be defined (Kroger, 2017).

Teenagers who successfully form an identity for themselves during this stage are believed to develop positive self-esteem, intimacy and make purposeful life decisions which will enable them to easily transition into other developmental stages of life. Those who are unable to successfully resolve this stage are expected to have poorer psychological wellbeing (Kroger, 2017; Lile, 2013). Based on this premise, it is therefore important to understand the impact that pregnancy and motherhood has, on the identity construction of teenagers. Studies have shown that when teenagers become pregnant during adolescence, they can encounter an identity crisis as they have not yet had the opportunity to fully explore and resolve their self-identity before transitioning into motherhood (Dhayanandhan & Bohr, 2016; Laney et al., 2015; Mangeli et al., 2017). Because they have to deal with the dual identity of being pregnant and being an adolescent, they are often in a state of emotional distress and identity confusion (Dsevito, 2010; Erfina et al., 2019; Ford, 2016). Hence, early pregnancy and motherhood are argued to compromise the identity development of teenagers, often leading to an underdeveloped sense of self (*ibid*).

3.6.1 Negotiating the social identity of a teenage mother

Building on Erikson's psychosocial theory of identity, many scholars have stated that identity is a process which is constructed and developed through social contact and interactions (Kroger, 2017; Lile, 2013; Steensma et al., 2013). Regarding identity as a product of discourse, Burr (1995, p. 53), posits that:

For each of us, a multitude of discourses are constantly at work constructing and producing our identity. Our identity therefore originates not from inside the person, but from the social realm, where people swim in a sea of language and other signs, a sea that is invisible to us because it is the very medium of our existence as social beings.

Following Burr's suppositions, this thesis looks further at how young mothers navigate their identities during pregnancy and motherhood. Because identity is developed in response to an individual's interaction with their environment, there exists two dimensions to an individual's sense of self; their *self-identity* (which refers to how they define themselves) and their *social identity* (which refers to how a society defines an individual based on their identification with a group e.g., race, gender) (Bos et al., 2013).

An individual's social identity shapes who they are, how they want to be seen by others, and the groups to which they belong (Steensma et al., 2013). Thus, individuals use their social identities

to achieve a sense of social belonging (*ibid*). According to Goffman (1969), there are two types of social identities; *virtual social identity* (which refer to assumptions of how others ought to appear and behave based on normative societal expectations) and *actual social identity* (which refer to the actual behaviour and traits which an individual possesses). When an individual's *actual social identity* falls short of the normative expectations of their *virtual social identity*, they can be perceived as deviants and have their identities reduced from “*whole normal individuals to tainted discounted ones*” (Goffman, 1963, p.13). Thus, social identities have been found to play a crucial role in causing an identity crisis in individuals because they are significant and can carry serious consequences based on how they are being represented within the society (Bos et al., 2013).

Pregnancy and motherhood represent a period of change in the role and identity of young women (Radcliffe, 2011). The preparation process for pregnancy and motherhood goes a long way in helping women attain and adjust to their maternal identities (*ibid*). From an early age, in many African settings, young women are socialized to aspire to motherhood (Ellemers, 2018). However, as discussed in previous sections (see section 3.4), while motherhood in a marriage context is highly valued, unmarried teenage motherhood may be seen as disrupting the identity formation of young women (Devito, 2010; Mercer, 2004). In many global societies, unmarried young mothers are believed to be unable to embrace a maternal identity or successfully attain a maternal role because of their perceived psycho-social, cognitive, developmental immaturity, and their unpreparedness for motherhood (*ibid*). Teenage motherhood is therefore construed as ‘bad’ and this is marked as different from motherhood in adulthood which is construed as ‘good’ (Arai, 2012; Ellis-Sloan, 2014). Due to these negative societal representations and discourses surrounding teenage pregnancy and motherhood, studies have shown that young mothers may encounter difficulties in negotiating their identities as mothers (Ellis-Sloan, 2014; Ellis-Sloan & Tamplin, 2019; Ford, 2016). It is therefore important to consider the impact of young mother's socio-cultural environment on the development of their social identities.

Lile (2013) suggests that successful identity constructions are largely dependent on how an individual is positioned within the context of language, culture, and discourse. While the social representations of teenage motherhood are mostly negative, there are also positive representations. In a study conducted in Ghana by Gyesaw and Ankomah (2013), some of their study participants noted that they chose to become pregnant because they wanted to have children early in life. For these participants, they believed that motherhood would enhance their

societal value, improve their relationships with their children due to the small age-gap, and increase their maturity. As such, they had no regrets about their early motherhood experiences. Similarly, in another study by Bain et al. (2019) exploring pregnant adolescent decision-making in Jamestown, Ghana, it was noted that parents often encouraged their children to become mothers early, irrespective of their marital status, to prove their fertility and continue their family lineage. In these contexts, the cultural desirability of early motherhood had protective factors for unmarried young women's maternal identities. These findings are also consistent with studies carried out in the UK which show that early motherhood can lead to positive outcomes and serve as a route to social inclusion for young unmarried mothers (Clarke, 2015; Jones et al., 2019).

Additionally, it is imperative to note that individuals are also active and can exert agency in the co-construction of their identities through resilience (Lile, 2013). Resilience is a multidimensional construct which is specific to socio-cultural contexts (Ungar 2008). Although there are various definitions of resilience, there is a consensus that it involves challenging the predominant societal perspectives of a particular phenomenon (ibid). Studies have shown that young mothers can create positive identities for themselves by showing resilience and adopting good mothering practices. For example, a study conducted by Jones et al., (2019) in the United Kingdom noted that in an attempt to resist stigma, young mothers adopted strategies such as maintaining a positive self-image to distance themselves from the negative representations of their identities within the society.

Similarly, in other studies conducted among young mothers, they were noted to resist the social representation of their identities by creating a 'good vs bad mother distinction' and emphasizing that they were good mothers by displaying traits of what they believed a good mother should possess (Ellis-Sloan, 2014; Fessler, 2008; Stapleton, 2010; Watts et al., 2015). Findings from a study conducted by Mollborn and Jacobs (2012) also noted that early childbearing provided an opportunity for young mothers to renegotiate a positive identity for themselves as participants in their study were more inclined to dissociate from deviant and criminal behaviours (such as fighting, drug, and alcohol abuse) after becoming a mother. These above studies have played a crucial role in providing an alternative view of the identity formation processes of teenage mothers. It can be implied that even though young mothers may be affected by the stereotypes and stigmatisation surrounding their identities, they can also choose to adopt or resist these social representations (Ellis-Sloan, 2014; Fessler, 2008). Thus, while an individual's identity

may be reflective of the discourses they have internalised, it can also be reflective of discourses they have contested, resisted, or negotiated (*ibid*).

The impact of the negative social representation of teenage pregnancy and motherhood on the wellbeing and identity development of unmarried young mothers are understudied in sub-Saharan Africa and Nigeria. An understanding of how pregnant teenagers navigate through the transition process from adolescence to motherhood and how it affects their identities is deemed vital for exploration in this study as it is believed to play a major role in young mothers' adoption of maternal roles and their attitudes towards their children. It is hoped that this will contribute to limited knowledge on the subject matter in this region and provide insights into how unmarried young mothers negotiate their identities in light of how they are being represented in the society.

3.7 Conclusion

This chapter mapped out the literature on teenage pregnancy and motherhood globally and in Nigeria. It also considered literature on the social construction of teenage pregnancy and motherhood in an attempt to understand its negative constructions. As discussed in this chapter, literature surrounding the conceptualization of teenage pregnancy and motherhood as problematic often argue that it leads to adverse outcomes for both mother and child. However, it was argued that this “cause-and-effect” relationship (i.e., teenage pregnancy and motherhood=poor outcomes) is oversimplistic as cultural practices and discourses surrounding teenage pregnancy and early childbirth restrict future opportunities for social and economic advancement among teenage girls, thereby perpetuating the cycle of poverty and gender inequality.

Literature conducted in other countries have shown that public discourses and social attitudes not only have implications for debates around teenage pregnancy and motherhood, they also have negative consequences on the personal lives of teenage mothers (Arai, 2009b; Macleod & Feltham-King, 2019). Drawing on these perspectives, it can be hypothesized that unmarried teenagers who become pregnant and go on to become mothers in Nigeria may inherit a life pre-inscribed with disadvantage, stigmatisation, and inequality due to the moralistic and religious nature of the society. Little attention has been paid to societal attitudes towards unmarried teenage pregnancy and motherhood in South-Western Nigeria. It would therefore be helpful to explore the attitudes of societal institutions (such as religion, family, community, and education)

towards unmarried young mothers and how these impacts on their (i.e., young mothers) identity and experiences of pregnancy and motherhood.

In this chapter, an overview of changing perspectives towards teenage pregnancy and motherhood globally was presented. These studies argued that teenage pregnancy and motherhood can be an alternate life course which helps young women to strengthen family relationships and reconstruct a life previously filled with disadvantage. Evidence was also presented to show that young mothers can fare well in the long run with adequate support. Based on this literature, it was suggested that young mothers are being inappropriately stigmatised and that the rhetorical framing of teenage pregnancy and motherhood as a negative phenomenon obscures the fact that early motherhood can be a positive experience, justifying the need to conduct this thesis from the perspective of unmarried teenage mothers.

Additionally, the review identified a research gap on how structural barriers and stigma work to influence the experiences and outcomes of unmarried teenage mothers in Nigeria. Using Link and Phelan's (2001) components of stigma, this chapter showed how teenage pregnancy and motherhood is stigmatised in Nigeria and demonstrated how Link and Phelan's framework will be used in this thesis to explore how unmarried teenage mothers are labelled, stereotyped, separated and discriminated against. Conducting this study would therefore provide insights into young mothers' experiences of stigma, how they exercise agency and navigate their negative social representations within society. It is expected that the findings from this study will contribute to existing literature and limited knowledge available in sub-Saharan Africa and Nigeria on stigma, teenage pregnancy, and motherhood by providing insights on stigma from a different cultural perspective. The next chapter gives a full account of the methods and processes involved in undertaking this study and answering its research questions.

Chapter Four

4 Methodology, research methods, and data analysis

This chapter is divided into three parts. The first part of this chapter presents the qualitative research paradigm underpinning the methodological approach. Here, the theoretical and philosophical assumptions (such as interpretative phenomenological analysis [IPA]) guiding this study are discussed. In the second part, the research design, data collection methods, storage process and ethical considerations are discussed. In particular, I discuss how I selected and implemented my proposed research methods, procedures and techniques in line with my methodological and philosophical positioning. I also provide a reflexive account of my thought-process during each stage of the research process and discuss the strategies used to overcome the barriers encountered in conducting this study. The third part discusses the “two-stage data analysis method” adopted using IPA. This section also describes how quality assurance was considered during the research process and concludes by discussing the role and position of the researcher within the research. To enable the reader to assess the alignment of the methods and methodology used in this chapter, as well as the rationale behind it, the research aims, and questions are restated below:

Research Aim

To improve understanding of the lived experiences of unmarried young mothers in relation to teenage pregnancy and motherhood in South-Western Nigeria.

Research Questions

- What are the prevailing socio-cultural factors contributing to unmarried teenage pregnancy and motherhood within the study setting?
- How does the social construction of teenage pregnancy and motherhood in South-Western Nigeria affect young mothers’ experiences of unmarried pregnancy and motherhood?
- How do unmarried young mothers cope with and manage their social representations within the society they live in?
- How do unmarried young mothers navigate their identities in response to the negative social representations of teenage pregnancy and motherhood within society?

Part I: Methodology

4.1 Research paradigm, philosophical, and theoretical assumptions

According to Holloway and Wheeler (2010), a research paradigm shapes how knowledge is gathered and interpreted. Hence, in choosing a methodology, researchers need to lay out the philosophical and theoretical assumptions underpinning their perspectives to enable the selection of an appropriate research methodology for data interpretation and analysis (Antwi & Hamza, 2015; Holloway & Wheeler, 2010). The researcher's epistemological, ontological, and methodological perspectives are particularly important to discuss as this has an impact on how the researcher sees things as well as even what the researcher sees (Collins & Stockton, 2018; Lincoln et al., 2011). I adopt these perspectives in presenting my philosophical and theoretical positioning as I believe that it brings structure to the conceptualization of the research.

As outlined in chapter three, this study is based on an understanding of reality as socially constructed with no knowledge existing independently of human interaction (Ryan, 2018). This is in contrast to the positivist/post-positivist paradigms which posit that knowledge is objective and exists independently of human understanding and perception (Lincoln et al., 2011). As presented in chapter three, the majority of the studies carried out on teenage pregnancy and motherhood in Nigeria often focus on determining its prevalence and investigating the outcomes associated with it (Envuladu et al., 2017; Ijarotimi et al., 2019). This mainstream approach is guided by a positivist paradigm which often fails to consider the socio-cultural contexts of the subjects (i.e., participants) (Ryan, 2018; Holloway & Wheeler, 2010).

Unlike the positivist/post-positivist paradigms, the subjectivist/interpretivist paradigm which this study adopts proposes that individuals construct knowledge through interactions with their social world (Potrac et al., 2014). Thus, knowledge is perceived to be constantly changing and differing from person to person (*ibid*). Based on this premise, the interpretivist paradigm aims to gain insight and understand participant experience (Goldkuhl, 2012). This act of gaining insight into participant experience is usually elicited through a process of interaction between the researcher and the participant, using a variety of methods such as interviews and role-playing to mention a few (Lincoln et al., 2011). A researcher adopting this paradigm is therefore not seen as independent of the research but as a vital role-player in the co-construction of knowledge as the researcher constructs and interprets findings based on their understanding of the data generated (*ibid*).

The subjectivist paradigm which this study adopts also accords with the theoretical framework of social constructionism used to conceptualize this thesis. According to social constructionist perspectives, our interaction with people and the society which we live in, play active roles in the construction of our knowledge about a phenomenon (Jørgensen & Phillips, 2002). Historical and cultural sensitivity is a central focal point in social constructionist research as it is believed that how we interact with the social world, form concepts, and categorize people are culturally and historically specific (Walker, 2015). In chapters two and three, this thesis has therefore shown how teenage pregnancy and motherhood is constructed in Nigeria and how these constructions are historically situated and embedded in cultural practices and values.

A central process that underlines the interactive process of constructing knowledge is language (Burr, 2015). According to Burr (2003, p.46), how we generate and use language not only describes the world but “*constructs the world as we perceive it, and this has real consequences.*” In studying the lived experiences of unmarried young mothers in South-Western Nigeria, I was aware of the cultural lens through which unmarried young women were divided into ‘acceptable’ and ‘unacceptable’ categories based on their social identities. My main task as a researcher was therefore to understand reality from the perspectives of unmarried young mothers who had experienced teenage pregnancy and motherhood. This also meant understanding how the negative language and discourses surrounding teenage pregnancy and motherhood influenced young mother’s experiences and shaped their outcomes.

Guided by my research paradigm and the aim of this thesis (i.e., to explore lived experiences of unmarried young mothers), I deployed qualitative methods. This method utilizes flexible data collection techniques that capture rich expressive accounts of individual experiences, the meanings that individuals give to their experiences and how their experiences are formed, shaped, and influenced by their social, economic, and cultural contexts (Silverman, 2016).

Given the theoretical and philosophical perspectives of this study, this thesis had its foundations in subjectivism (as its research paradigm), constructionism (as an approach to knowledge) and interpretivism (as an approach to understanding the implementation of the research) (Bryman, 2008).

4.2 Research approach and rationale

Within a qualitative framework, this study utilized Interpretative Phenomenological Analysis (IPA) as its proposed research methodology. There are a number of reasons for this choice of

methodology. In the following paragraphs, I present three alternative methodological approaches; Narrative Analysis (NA), Grounded Theory (GT), and Foucauldian Discourse Analysis (FDA) that were considered alongside an explanation for not adopting these approaches.

Grounded theory is concerned with the generation of theories from data, in attempts to facilitate understanding and provide explanations of different social processes (Willig, 2013). While grounded theory would have been a good fit for this study to explore human behaviour and interactions, the nature of grounded theory seems to place more preference on group understanding rather than individual focus (Willig, 2013). IPA was therefore deemed more appropriate for this study as it focuses on detailed personal accounts of smaller, homogenous samples (Marshall & Rossman, 2014). Furthermore, when using grounded theory, Glasser (1992) suggests that it is important for researchers to engage in theoretical sampling where “*the process of data collection is controlled by the emerging theory*” (p.36). To do this, Glasser (1992) proposes that researchers use observations in additions to interviews, during the data collection process. As this study focused more on the lived experiences of participants, rather than on social processes, I did not see the need to develop theories or engage in theoretical sampling. Thus, following my theoretical underpinnings and epistemological backgrounds, IPA seemed more appropriate for conducting this study.

Additionally, I was looking for an analytical approach that would not only allow me to focus on my participants’ lived experiences but also critically interpret their accounts in terms of my understandings of their position within networks of power relations (Larkin et al., 2011). While I could have placed this research within an enquiry that is constructionist such as using narrative analysis, I decided against this. Like IPA, narrative analysis explores the stories that people say to make meaning of a particular concept (Holloway & Wheeler, 2010; Silverman, 2016). However, narratives are only one way of understanding experiences and as such, IPA was deemed to be more flexible in that it could consider participants’ narratives as a way of making sense of experiences without being constrained by them (Holloway & Wheeler, 2010). The flexibility presented by IPA made it an appropriate approach for studying the experiences of unmarried teenage mothers in South-Western Nigeria.

Finally, Foucauldian Discourse Analysis was considered but not used. Rather than engaging in a detailed analysis of language, this study was interested in exploring meanings embedded in unmarried young mother’s experiences and the relationship between how they think, behave,

and make sense of these experiences. This was seen to be more consistent with IPA. Additionally, IPA was chosen due to the comprehensive approach and guidelines which it offers for data analysis (Smith & Firth, 2011). Being a novice researcher in exploring lived experience, this appealed to me and offered reassurance on how to carry out rigorous data analysis. Although IPA has mostly been used in psychological studies, it has a structured approach that appeals to social and healthcare studies (Pringle et al., 2011). As such, it is gaining recognition in health-related research (*ibid*).

Larkin et al., (2011) state that IPA is particularly useful when researching an under-explored phenomenon, in this case, the lived experiences of teenage pregnancy and motherhood from the perspectives of unmarried young mothers in Nigeria. In choosing IPA, this study demonstrates a dedication to exploring, interpreting, and understanding the ways in which unmarried teenage mothers made sense of their experiences of teenage pregnancy and motherhood. Using IPA, I incorporated its ideas of ‘being-in-the-world’ to gain insight and provide an account of unmarried teenage mothers feelings at different times during their pregnancy and motherhood (i.e., upon discovering the pregnancy, during pregnancy, motherhood, and retrospection) (Larkin et al., 2011; Smith & Shinebourne, 2012).

Ontologically, IPA and social constructionism are inter-related because they both assume that interpretation and meaning are mediated through linguistic processes. IPA is also underpinned by social constructionism because it posits that “*socio-cultural and historical processes are central to how we experience and understand our lives as well as the stories we tell about these lives*” (Eatough & Smith, 2008, p.184). Thus, my theoretical framework (i.e., social constructionism) corresponds to the fundamentals of my research approach and method of inquiry (i.e., IPA). Adopting this research approach was also seen as crucial to maintaining theoretical consistency throughout the research process (Collins & Stockton, 2018).

4.2.1 Interpretative phenomenological analysis (IPA)

IPA is influenced by three key philosophical areas namely; Phenomenology, Hermeneutics, and Idiography (Smith & Shinebourne, 2012). Thus, to fully understand the perspectives and focus of IPA and how it can be applied to this study, the following section will provide an overview of the philosophical foundations of IPA, how IPA integrates these philosophical approaches and how this shaped the direction of this research.

4.2.1.1 *Theoretical influences of IPA; Phenomenology, Hermeneutics and Idiography*

Phenomenology is primarily concerned with conscious experience and gaining a deeper understanding of the meanings that people attach to experience (Larkin et al., 2011). Thus, IPA adopts a sense of phenomenology by exploring subjective experience. Following descriptive phenomenological perspectives, Husserl, (2013) argues that the experience of ‘being’ and ‘connecting’ with the world is largely unconscious as people mostly navigate through the social world without proper reflections on what they are experiencing (*ibid*). In descriptive phenomenology, individual experience is believed to be taken for granted unless it is brought into conscious awareness through reflection (Kastrup, 2017). A crucial feature of conscious awareness is ‘intentionality’ which is based on the idea that people and phenomena are interdependent and do not exist in isolation (Smith & Shinebourne, 2012).

To achieve intentionality, Husserl proposes that researchers explore experience from the perspectives of those who have experienced it and identify commonalities across participants’ experiences (*ibid*). Through this, he believes that new aspects of lived experiences will emerge which have not been previously considered, leading to a deeper level of knowledge and understanding (Langdrige, 2007). Furthermore, he suggests that researchers, ‘bracket’ their preconceptions and presuppositions about the social world- a process known as phenomenological reduction as this will enable researchers to “*go back to things themselves*” (p.12) and focus on how people see a phenomenon as it presents itself to their consciousness (Pringle et al., 2011). In order to understand the essence of a phenomenon and delve deep into the meanings that participants attach to their experiences, IPA emphasizes that researchers put aside their preconceived beliefs and presuppositions and explore phenomena from the perspectives of those who have experienced it (Langdrige, 2007). IPA therefore borrows from the concept of bracketing in the exploration and analysis of lived experience (*ibid*).

Heidegger et al., (1962) argue that phenomenological reduction is not possible as individuals cannot be fully detached from their social contexts. Heidegger states that individuals construct meanings through the eyes of others, even when they are not physically present (Heidegger, 2010). Thus, our “*being-in-the-world*” (p.5) (a term known as ‘dasein’) is in relation to others (*ibid*). IPA agrees with Heidegger’s school of thought by suggesting that researchers adopt an open-minded approach to exploring experience (Larkin et al., 2011). Drawing on Heidegger’s perspectives, IPA believes that phenomenology is an interpretative activity which views

individuals as innovative interpreters who socially construct and make sense of their experiences through their relationships and interactions with their social world (Pringle et al., 2011). However, it also retains the concept of bracketing by proposing that researchers be conscious of their bias and how this might influence the research- a process known as reflexivity and reflective awareness (Larkin et al., 2011). IPA is therefore believed to be on a continuum of phenomenology with description on one end and interpretation on the other (*ibid*).

The theory of interpretation (or hermeneutics) is an important part of IPA as it is central to the role of the researcher and the dynamics of the research process (Smith & Shinebourne, 2012). Heidegger, the main proponent of interpretive phenomenology connects the link between hermeneutics and phenomenology through his concept of “*being-in-the-world*” (Heidegger, 1962 p.67). According to him, our *being-in-the-world* presents us with central interpretative positions which eventually requires us to ask questions about our social world and experiences (Bauman, 2010). Heidegger proposes that there is always an under-explored or under-researched phenomenon out there that can be constructed, explored, and interpreted (Smith, 2004; Smith & Shinebourne, 2012). This under-explored phenomenon is not usually open to the analyst as it can only be accessed through interactions between the researcher and the participant experiencing it (*ibid*). Thus, hermeneutics involves subjective interpretations of individual experience through an interpretative method (David & Sutton, 2011). This is what Smith (2004: p.40) describes as a ‘double hermeneutic’ where “*the participant is trying to make sense of their personal and social world and the researcher is trying to make sense of the participant trying to make sense of their personal and social world.*”

To further understand an individuals’ narration of their experiences, Heidegger argues that a researcher has to engage with and analyse the narrative (text) as a whole and in parts, as well as establish a relationship between them (Sloan & Bowe, 2014). This is what is understood to be a hermeneutic circle where “*to understand the whole, you have to look at its parts, and to understand the parts, you have to look at the whole*” (Smith, 2007, p.5). It is believed that through this process, researchers can discover the latent/hidden meaning of a text as it emerges into consciousness, irrespective of whether the participant who provided the text is conscious of this or not (*ibid*).

As an analytical approach, IPA adopts this concept by engaging in a *Hermeneutics of empathy*- which involves gaining an insider’s perspective to individual experience in order to understand it and *hermeneutics of suspicion*- which aims to explore what is latent (Alase, 2017). To do this,

IPA encourages researchers adopting its approach “*to stand in the shoes*” (p.75) of their participants (to have an emphatic understanding of their experiences) and “*to stand alongside*” (p.75) their participants (to question and make sense of their experiences so that what is hidden can come into light) (Smith & Shinebourne, 2012). This systematic and detailed analytical approach involves a cyclic process where the researcher engages in reflexivity, bracketing and interpretation of data, lending rigour to the analytic process of IPA.

Several critics of IPA have argued that IPA is for the most part descriptive rather than interpretative as it is believed that IPA cannot fully capture the lived experiences of participants but only their opinions or perspectives about a certain phenomenon (Alase, 2017; Pringle et al., 2011). A rebuttal of this is that IPA does not separate description from interpretation rather, it draws on insights from the hermeneutic philosophy and argues that all descriptions constitute a form of interpretation (Alase, 2017; Larkin et al., 2011; Smith & Shinebourne, 2012). This further demonstrates how IPA adopts both phenomenological and hermeneutical perspectives in its approach.

To achieve hermeneutics in an IPA study, Gadamer, (1975) states that a researcher should be aware of their bias so that the object can truly present itself. In gathering the data for this study, I ensured that I used appropriate methods (such as the use of audiotape and field-notes) to capture the individual narrative of each participant (unmarried teenage mothers). Additionally, I also engaged in peer debriefing and reflexivity (these methods will be discussed in further detail in part II). This aided me during the analysis to engage in a hermeneutic circle, challenge my preconceptions and provide textual interpretations to participants experiences of teenage pregnancy and motherhood (David & Sutton, 2011).

Another theoretical perspective with central importance to IPA is idiography. IPA is said to be in a general sense idiographic because it is concerned with examining the accounts of a comparatively small number of homogeneous participants (Alase, 2017). In idiography, individual narratives (i.e., single cases) are examined in-depth and cross-analyses are carried out across single cases and a collection of cases (i.e., multiple individual narratives) (Langdrige, 2007). Using this concept of idiography, IPA examines the similarities and differences across participants’ narratives to produce an in-depth meaning of participants’ reflections of shared experience (*ibid*).

In this research, the focus was placed on the lived experience of teenage pregnancy and motherhood among unmarried teenage mothers in Nigeria and how unmarried teenage mothers believed that their experiences shaped and influenced their lives. Following idiographic perspectives, I analysed how the dominant constructions of teenage pregnancy and motherhood in the area affected unmarried teenage mothers' experiences of pregnancy and motherhood. Furthermore, participants' accounts were analysed in-depth and a general cross-case analysis was carried out across all participants' accounts to note the similarities and differences between participants' experiences (Silverman, 2016). In this way, I strove to provide as *authentic* an understanding of participants' experiences as possible (*ibid*).

Part II: Research design, methods, and rationale

The main aim of this study was to understand the lived experiences of unmarried young mothers in South-Western Nigeria. Thus, in the original research design, I sought to conduct interviews using photo-elicitation methods (see section 4.5) with only unmarried young mothers. However, during my fieldwork and in the process of interviewing unmarried young mothers, the need to interview key informants was deemed necessary to help understand and engage critically with the accounts of the study participants. So, I made the later decision to include key informants in this study during my fieldwork. Incorporating key informants in this study provided more contextual and complementary data to the participants' narratives and allowed me to view the concept of teenage pregnancy and motherhood from a different angle (Richardson & Pierre, 2008). This alludes to the relativist perspective of qualitative research (Barbour, 2001).

The following sub-sections will be carried out in two parts, outlining the data collection procedures carried out for the unmarried young mothers and the key informants in this study. Section 4.3, 4.4 and 4.5 discusses aspects of the research design, the rationale behind it and the data collection procedures carried out for the unmarried young mothers (i.e., semi-structured interviews and photo-elicitation methods) while section 4.6 discusses the same issues for key informants. The ethical considerations and data protection guidelines carried out in the study will also be discussed. To show how reflexivity was carried out during the research process, I kept a reflexive journal. This started during the process of formulating my research design and preparing for the fieldwork. Aspects of the reflexive journal have been adapted into reflexive boxes and this will be added under relevant discussions in the incoming sections and chapters.

4.3 Unmarried young mothers: study population and setting

As discussed in chapter two, females aged 15-19 years living in rural areas are thrice more likely to be pregnant than their urban counterparts (27% vs 8%) (NPC, 2019). To explore the experiences of teenage pregnancy and motherhood among teenage mothers in rural areas, this study was conducted among unmarried young mothers in Osun State, South-Western Nigeria.

Osun State in South-Western Nigeria was chosen as the rural location to be studied due to the prevalence of teenage pregnancy and motherhood among unmarried teenagers in the state (Oyefara, 2011). A small-scale study conducted among 40 respondents in Osun State showed that about 52.5% of teenagers aged 17- 19 years and 47.5% of teenagers aged 13 -16 years were pregnant (Ashimolowo et al., 2017). Similarly, other small-scale studies conducted in Osun State also note a relatively high prevalence of teenage pregnancy and motherhood in the area (Titilayo & Fasina, 2008; Ijarotimi et al., 2019). While small scale studies may not be generalizable due to critiques over the reliability of their estimates, they provide insights into the incidence of teenage pregnancy and motherhood in Osun State, Nigeria. Hence, conducting this study in this area was seen as an appropriate option. The town in Osun-state where this study was carried out was in Mokuro. Mokuro is a town located in the eastern part of Ile-Ife, Osun State (Ajala & Olayiwola, 2013). This area (Ile-Ife/Mokuro) was selected because it is one of the oldest towns and focal origins of the Yoruba people (Babalola, 2017). As such, many religious and cultural traditions are still prevalent and adhered to in this area (*ibid*).

4.4 Unmarried young mothers: selecting a sample

In IPA, purposive sampling is commonly used as it allows the researcher to select participants that can provide the most information about a subject of interest (Larkin et al., 2011; Smith & Shinebourne, 2012). This study utilized purposive sampling seeking women over the age of 18 years who had experienced teenage pregnancy and unmarried motherhood. However, only women within the ages 18-30 years were recruited due to possible recall bias and current relevance to the issue (since teenage pregnancy and motherhood only became defined as a social problem in the 1980s). Restricting the age criteria to those above 18 years was carried out to avoid the ethical issues surrounding involving teenagers (below 18 years) in sensitive research.

In addition to this, only women who became pregnant within the ages of 15-19 years were recruited due to the higher prevalence of pregnancy in this age group. This is because the experience of younger and older teenage mothers is likely to be different and I wanted to achieve

some homogeneity of the sample in accordance with the requirements of IPA. The inclusion and exclusion criteria were thereby based on the research aims of the study. The inclusion criteria for the unmarried teenage mothers were:

- Women between the ages of 18-30 years who had experienced a teenage pregnancy
- Women who were unmarried at the time of pregnancy and early motherhood (here defined as women who were unmarried young mothers for a minimum period of 5 years).
- Women who became first-time mothers during their teenage years and live with their children.

4.4.1 Determining the sample size

Saunders et al. (2018) propose that sample size in qualitative research should be guided by the principles of saturation. Saturation as a concept was primarily associated with grounded theory but has since been used by other researchers using different qualitative methods (Robinson, 2014). It is believed that saturation occurs when: additional interviews do not provide new and relevant data concerning an already existing category and the relationships between data categories are well established (Fusch & Ness, 2015; Saunders et al., 2018). Since there is no precise sample size to be followed when using IPA (Smith & Shinebourne, 2012), I recruited participants until I judged that saturation had been reached. I determined that I had reached a saturation point when I noticed that no new data or new themes were emerging from the robust data that I had gathered, and I was getting similar stories repeatedly. In total, I recruited 24 young mothers.

4.4.2 Recruiting the sample

I initially encountered challenges in recruiting participants who were willing to share their stories on their experiences of teenage pregnancy and motherhood. This will be discussed in the paragraphs below.

One early challenge that I encountered which I did not expect was ‘suspicion’. I had assumed that since I was from the same tribe as those I would be interviewing, I would have no problems with gaining trust or being perceived as an ‘insider’ (the concept of the insider/outsider positioning as a continuum and how this impact on the research is discussed in further detail in the third section). However, this proved not to be the case. People distrusted my credentials as a PhD student being sponsored to conduct my research, and many assumed that I was either a

journalist or a filmmaker, posing as a student and hoping to use their stories and experiences without their consent.

Gaining access and maintaining access in fieldwork is not a new issue (Saunders et al., 2018). Many studies have explored the difficulties in gaining access as well as how to mitigate this (Holloway & Wheeler, 2010; Jones et al., 2012; Saunders et al., 2018). Some of their recommendations include: building rapport, finding a gatekeeper, and establishing trust (*ibid*). Following these suggestions, I initially sought advice from researchers at the Institute of Public Health, Obafemi Awolowo University to find out how I could navigate through these perceived barriers. Based on the recommendations of these researchers, as the first stage of recruitment, I approached a local who acted as a facilitator to relevant stakeholders (such as religious leaders, health institutions and community leaders). This community member also provided me with information on events that I could attend to recruit potential participants.

The first two events that I attended based on my facilitator's recommendation were a Christmas festival and an SRH outreach event targeted at young adults. During these events, I handed out flyers of my project to young adults after establishing an initial rapport. Some of them had already seen my posters before and based on further discussions at these informal events, I was able to gain the interest of thirteen young mothers to participate in the study. Although I had been stating that I was a research student doing research work and showing my student ID, there were still suspicions as many of the participants were not familiar with my University and this further fuelled the belief that I was acting in disguise. I then decided to change my approach in recruiting the participants by firstly informing them that I was neither a filmmaker nor a journalist but a research student doing a research project. I talked extensively about my University and where it was located, and I continued to use this approach throughout the period of my fieldwork. This proved to help assure potential participants of my motives.

To recruit more participants, I put up posters of my study in the main Federal University halls as well as on the noticeboards of the chalet where I was staying. Using this new approach, I was able to get five more participants who contacted me and seemed interested in the study. Once I had become more acquainted with the area (in my second month), I went to the local health centre and spoke to the available nurse and doctor, explaining my project, its aims, and objectives as well as the need to recruit participants for my study. After the discussion, I gave the Nurse some of my flyers which they could give young mothers who occasionally came for their baby's vaccinations and immunizations. The reception of the health-workers towards my

project was welcoming. Through this, I was able to recruit about eleven young mothers who seemed interested in the study. Although the use of purposive sampling is prone to researcher and selection bias, this sampling method proved to be beneficial in this fieldwork as it allowed me to select and collect data from individuals who had shared characteristics (Jones et al., 2012). The technique also proved to be time effective as it allowed me to collect data within the two-month fieldwork frame (*ibid*).

Grbich, (2012) proposes that “*often the only way to locate an otherwise invisible group*” (p. 70) is to use snowball sampling. Considering the sensitivity of my research and the challenge that this can impose on recruiting participants, I also used snowball sampling. According to Jones et al. (2012), snowballing permits participants to recommend others with knowledge or information regarding the phenomenon being studied. Using snowballing, current participants of the study were asked if they knew other women who were unmarried teenage mothers and who would be interested in the study. Some participants however voluntarily divulged this information without being asked. Information sheets detailing the research aims and objectives as well as my contact address were then provided to be given to those who might be interested in participating in the study. This procedure played a central role in identifying and accessing more participants for the study. Using this technique also helped in building trust and establishing rapport with young mothers (Holloway & Wheeler, 2010). It was also useful in breaking the initially perceived barriers as participants were able to convince and reassure others about the integrity of the research. From this approach, I was able to get a further seven young mothers who seemed interested in the study.

After conducting interviews when I judged that I had reached saturation, I contacted the local whom I befriended, and the local health centre and I thanked them for their involvement in the study. I also asked them to stop referring young mothers to me for the study as recruitment had already been completed. Overall, although I had found 36 young mothers who were interested in participating in the study, only 24 young mothers participated. This is still considered appropriate within the requirements of IPA. Table 3 provides a list of the places where I recruited young mothers from and the numbers who took part in the interviews:

Table 3: Recruitment Process

Places of recruitment	Number of people recruited for the study	Number of people who participated in the study
Christmas festival	3	1
Awareness ²	10	4
University halls/Chalet	5	4
Local health centre	11	8
Snowballing	7	7
Total	36	24

4.4.3 The story of “the twelve”

Table 3 shows that while 36 young mothers were interested in this study, 12 young mothers decided not to participate due to various reasons. The non-participation of “the twelve” potential participants during the recruitment process can be argued to be a good feature of the study. This is because it addresses concerns that other studies have raised regarding the role and influence of gatekeepers and researchers in pressurizing potential participants to participate in a way that they find it difficult to withdraw from the study (Clark, 2011). By having twelve non-participants, this study shows that participation was completely voluntary and within the power of the participant to opt-out at any given time. Nevertheless, it is also important to consider the barriers that discouraged ‘the twelve’ from further participating in this study.

While the issue of suspicion has been well discussed in the previous sections, one factor which deterred a few potential participants from participating was the issue of being audio-recorded. Audio-recording as a means of data collection has its advantages, however, it can also affect participant involvement and quality of data obtained (Southall, 2009). According to Southall (2009), individuals can become more cautious about what is being disclosed when they are being recorded by an audio-recorder. This proved to be the case during the recruitment phase of my

² This was a sexual and reproductive health outreach organized by the UNFPA to distribute contraceptives to youths ahead of the festive season

study. When I mentioned to some of my potential participants that they would be audio-recorded, it seemed to raise their suspicions especially in relation to me being a journalist or reporter in disguise. This study could have used notetaking as an alternative to audio-recording as it gives participants more time to think about the questions asked, providing more interesting data (Jones et al., 2012; Smiley, 2015). However, note-taking is not without its limitations as important details can be missed out during the process of writing (*ibid*).

Following the requirement of IPA which is to capture rich and accurate data (Alase, 2017), I retained my decision to use audio-recording as my main instrument for data collection as I believed that using this method will allow for effective reproduction during transcription and in-depth interpretation of data (Holloway & Wheeler, 2010). As a result of this decision, I lost some potential participants for this study. This experience made me aware of how a recording device can serve as a barrier to recruiting potential participants for the study. During the interviews, I did my best to make the recording device as unobtrusive as possible for participants who consented to be audiotaped. To mitigate concerns of audio-recording in further recruitment of participants, I ensured that I established longer rapports with participants in a way that made them more relaxed before discussing the requirements of my study such as the involvement of an audio-recorder (Clark, 2011).

Some potential participants married before the birth of their child, so they were excluded from the study. Furthermore, due to the stereotypical representations of unmarried teenage mothers in Nigerian academic texts, media, and community discourses, some young mothers were not willing to discuss their experiences because they felt that it would contribute and reinforce the negative discourse surrounding teenage pregnancy and motherhood in the area. I got this perception based on some of the remarks they made which were: *“If I tell you my story now, you will think that we are all suffering, it’s not that bad”*. These comments made me aware of the power imbalances between the researcher and the participant concerning the interpretation and representation of data. This understanding led me to monitor saturation with respect to representations of unmarried teenage motherhood as ‘bad’. In future recruitments, I also made sure that I clearly stated my intentions for the study, emphasising that I was primarily interested in giving voice to their perspectives on the social representation of teenage pregnancy and motherhood in South-Western Nigeria.

Another issue that contributed to potential participants not wanting to participate was the use of one of the proposed methods for the study; the photo-elicitation method (this will be discussed

in further detail in section 4.5.1). Some of the potential participants had difficulty understanding why they had to take pictures, and this made them suspicious about the methodology. Ile-Ife is a rural area with traditional beliefs and so, some potential participants were not very trusting of my intentions when I asked them to take pictures and bring them to me. According to them, they had never seen or heard of anyone conducting research in such a manner and traditionally, people have been known to use pictures for voodoo purposes in the area. Based on this, I decided to change my approach towards recruitment by first explaining to potential participants the benefits of pictures in enriching data and putting them in charge of their stories. This proved to be more productive than just telling them that taking pictures would be one of the main requirements of the study.

4.4.4 Characteristics of young mothers

The ages of the 24 participants ranged between 18 years to 30 years. Although all the young mothers were unmarried at the time of pregnancy and during the child infancy (here defined as first five years of childhood), three participants were married (two to the father of their child and one to another person) at the time the interview took place. The ages of their children also ranged from three years to 15 years. Table 4 illustrates each the participant's socio-biographic details that I am able to specify without jeopardising anonymity. Pseudonyms are used.

Table 4: Young mothers' socio-biographic details

Participants Pseudonym	Age at birth of first child	Family background
Abiodun	18yrs	Single parent
Dunni	16yrs	Divorced parents
Itunnu	15yrs	Parents were together
Anu	15yrs	Divorced parents
Dupe	16yrs	Divorced parents
Wura	16yrs	Divorced parents
Tope	16yrs	Polygamous family
Funke	17yrs	Divorced parents
Bose	15yrs	Parents were together
Sade	15yrs	Parents were together
Tutu	15yrs	Single parent
Titi	16yrs	Divorced parents
Ola	17yrs	Divorced parents
Lola	17yrs	Divorced parents
Kike	16yrs	Parents were together
Tola	18yrs	Parents were together
Bola	16yrs	Parents were together
Sayo	15yrs	Orphan
Ajoke	17yrs	Divorced parents
Toke	16yrs	Single parent
Tayo	15yrs	Divorced parents
Tinu	15yrs	Single parents
Tanwa	15yrs	Parents were together
Tade	15yrs	Polygamous family

Participants were also asked about their occupation. According to the data gathered; of the 24 young women who participated in this study, six were unemployed, four were students, ten had menial underpaid jobs while four were working in the formal sector.

4.5 Unmarried young mothers: method of data collection

Smith et al. (2009) suggest that IPA is best aligned with a data collection method that “*invites participants to offer a rich, detailed, first-person account of their experiences*” and “*facilitate the elicitation of stories, thoughts and feelings about the subject phenomenon*” (p. 56). Qualitative interviewing was therefore considered an appropriate research method as it enables the researcher to explore the meanings of experience in a participant’s own words (Marshall & Rossman, 2014).

This study used semi-structured interviews as its method of inquiry. According to Newcomer et al. (2015), a semi-structured interview can be described as an engaging conversation that allows for a detailed exploration of a particular phenomenon with a person who has had the relevant experiences. The advantage of semi-structured interviews over other forms of data collection is that it is a non-restrictive, flexible approach that allows respondents to talk about aspects that are important to them, placing them as active agents in the research process (*ibid*). It also permits the researcher to explore particular interesting aspects as they emerge during the interviews, as well as issues aligned with their research questions (Jones et al., 2012).

In addition to semi-structured interviews being considered the most appropriate form of interviews in conducting IPA studies, I chose to use this method of qualitative interviewing because studies have shown that semi-structured interviews are particularly useful in researching under-explored areas (Holloway & Brown, 2016; Jones et al., 2012; Newcomer et al., 2015). The use of this method was therefore helpful in helping me to gather detailed information on the lived experiences of unmarried young mothers.

4.5.1 Combining visual methods with IPA interviews as a means of generating richer data

While interviews can be very helpful in understanding experience, it can likewise be limiting (Marshall & Rossman, 2014; Silverman, 2016). This is because interviews do not always offer a comprehensive construction of a situation (*ibid*). Therefore, to bring about a more in-depth understanding of experience, I sought to explore additional methods that I could combine with interviews in order to fully capture the depth of participant’s experiences (Mannay, 2010; Phoenix, 2010).

I decided to combine visual methods with IPA interviews to explore further the lived experiences of unmarried teenage mothers in Nigeria. Combining IPA with visual methods is not a new phenomenon as many health and social researchers have explored the use of visual methods as stimuli for IPA interviews (see for example; Boden et al., 2019; Kirkham et al., 2015; Shinebourne & Smith, 2011). For this study, I chose to use Photo-Elicitation Method (PEM) as a form of visual technique to generate a much deeper understanding of experience. Coming from a theoretical underpinning of social constructionism, photographs/photo-elicitation can be said to adopt a social constructionist position (Shinebourne & Smith, 2011). While photographs do not always have an inherent meaning, they can assume a constructive role and become meaningful through a process of co-construction between the participant and the researcher (*ibid*). Hence, combining photographs with IPA was seen to be well suited within my social constructionist perspectives.

PEM can be defined as an interviewing technique through which researchers elicit data from participants via the use of photographs (Coleman, 2016; Smith et al., 2017). According to Bates et al., (2018), photographs can present several perspectives to a study of interest as it makes more use of the brain capacity in processing both words and images. Using photographs during interviews have also been found to alter the interview process positively as it is believed to stimulate memories in ways that the usage of only semi-structured interviews cannot (Bates et al., 2017; Reid et al., 2018).

PEM has been used in a wide range of studies to explore participant's perspectives (see for example; Justesen et al., 2014; Petermans et al., 2014; Tsang, 2014) and complex issues (see for example; Bailly et al., 2018; Rayment et al., 2019; Jonsson et al., 2012). This method has also been widely used in studies with young people (see for example; Pini et al., 2019; Ramalho et al., 2016; Smith et al., 2017). This shows the potential suitability of PEM for this study. In using PEM, two major approaches are often used namely: *researcher-generated photographs* and *participant-generated photographs* (Burton et al., 2017; Coleman, 2016). *Researcher-generated photographs* involve a process whereby the researcher takes photographs which they feel would hold some significance for participants and asks participants to discuss how they feel about these photographs during the process of interviewing (*ibid*). This method is widely used in social science research (see for example; Matteucci, 2013; Mills & Hoeber, 2013; Williams & Whitehouse, 2015). However, this method has been criticized because of the power imbalances

inherent in the approach (as the selection of photographs is constrained by a researcher's frame of reference and the assumption that they have about the phenomenon of interest) (*ibid*).

This study utilized *participant-generated photographs* in combination with the interviews. This is because it was believed that *participant-generated photographs* would assist in building rapport, providing more detailed interviews, and highlighting issues not previously prioritized by researchers (Bates et al., 2017; Coleman, 2016; Samuels, 2004). Research has shown that the use of *participant-generated photographs* presents a means of empowering participants to share knowledge, gain insight, and have a sense of awareness during the interview process (Richard & Lahman, 2015; Shaw, 2013). This allows the researcher to have a phenomenological sense of the participants' experiences which helps to foster interpretation of participants' understanding of their experiences -an approach, central to IPA (Smith & Shinebourne, 2012). Using *participant-generated photographs* can also possibly reduce the perceived power imbalances which exist in qualitative research as this method fosters joint effort where the participants interpret their choice of photographs for the researcher (*ibid*). In this study however, the photographs were not analysed (as it was only seen as an additional means of generating more quality data that may not have been otherwise gotten without the use of PEM), rather, it was the associated narratives that served as the data for analysis. Hence, the interview nonetheless remained the primary method of data collection.

4.5.2 Preparing an interview guide

I drafted an interview guide in accordance with my research aims and objectives. For the unmarried teenage mothers in my study, questions were designed to be as open-ended and as non-leading as possible. General questions were asked at the beginning to allow participants to discuss areas of importance to them regarding the subject matter (Raworth et al., 2012). This was then followed by specific prompts where necessary and questions about sensitive areas (such as experiences of discrimination) were asked towards the end of the interview when participants were more relaxed and comfortable (*ibid*). Some of the topics which were explored include: experiences of teenage pregnancy and motherhood, parents, and partner reactions to the news of pregnancy, and challenges faced during pregnancy and motherhood.

The process of designing the interview guide was iterative. To determine the effectiveness of the draft interview guide that I developed and the usability of photographs, I discussed the interview guide with a local researcher (from Obafemi Awolowo University) with expertise in

SRH research and subsequently practised my interview guide on this researcher. Whilst my colleague did not meet the inclusion criteria (as she was not an unmarried teenage mother) and some of the questions from the interview guide did not apply to her, the pilot was still beneficial in that it gave me insight into how the subsequent interviews could be best carried out.

This interview discussion also allowed me to amend certain aspects of my interviewing technique and interview guide (such as the order in which I arranged my questions). Based on her recommendations, I ordered my questions into socio-demographic information, background questions, pre-pregnancy experiences, pregnancy experiences and motherhood experiences (see interview guide in appendix A). Her recommendations also enabled me to see that I had many interview questions which could come across as interrogative. Thus, I reduced the number of specific questions to general questions using prompts.

From our discussions and interview review process, I also discovered that some of my questions seemed to be presumptive, leading or difficult to understand such as: “*where did you encounter this stigma the most?*”, “*What coping mechanism did you adopt to manage teenage pregnancy and motherhood.*” In retrospect, I believe that these questions were mostly shaped by my assumptions that young mothers would encounter stigma in their daily lives. Upon further reflections and discussions with my supervisors, these questions were modified and subsequently changed to “*how did people (i.e., parents, friends, teachers, community members) react to you being pregnant?*”, “*how did you adjust to pregnancy and motherhood?*” Additionally, the transcription of the practice interview made me realize how often I interrupted my participant and made utterances that could be construed as leading (e.g., ‘exactly’, ‘right’). To mitigate this from happening in actual interviews, I tried to be conscious of phrases that could be construed as leading, and I took extra training sessions offered by the OU Graduate Network on *how to conduct a qualitative interview*.

4.5.3 Pilot interview

I treated my first interview as a pilot interview as this was the first interview that I was conducting with an individual who had experienced teenage pregnancy and motherhood in Nigeria. Conducting my first interview helped me to be aware of the dynamics involved in having an interaction. For example, the pilot interview helped me to be conscious of certain labels such as ‘teenage mother’ and ‘unmarried teenage mother’ as my participant did not feel comfortable being labelled that way. After transcribing this interview and sending it back to my

supervisors for feedback, it was agreed that I should replace the phrase ‘unmarried teenage mother’ with ‘young mother’ in cases where appropriate, for example: “*what was your experience of being an unmarried teenage mother?*” was subsequently changed to “*what was your experience of being a young mother?*” The revised interview guide can be found in Appendix A.

Initial interviews were also used to refine other interviews by asking respondents what they felt had not been covered but needed to be explored (Low, 2013; Raworth et al., 2012). Furthermore, participants were encouraged to take an active part in shaping the direction of the research (by asking them about their opinions on the use of photographs and other areas to be explored), thus putting this study in line with a social constructionist framework (Collins & Stockton, 2018). This interview guide was subsequently improved upon during the fieldwork and under the guidance of my supervisors to ensure that my questions were comprehensible, open-ended, and specific (such as background characteristics which enabled me to contextualize participant’s answers).

4.5.4 Conducting the interviews

The interviews were conducted over a two-month period from November 2018 to January 2019. While this timeframe was limited, I was able to recruit 24 young mothers and 10 key informants for my study. Prior to the interview date, I gave each research participant an information sheet that detailed the possible areas that the interview was going to explore. I also explained to my participants the processes involved in taking part in this research (such as the use of photographs), and the importance of not photographing people (as this was part of the ethics for this study; see section 4.5.7). I also sought permission for participants’ consent to audio-record the interview and informed them of their right to withdraw, pause, and stop the interview at any given point in time. Additionally, I provided explanations on the data protection guidelines as required by GDPR laws and how long their data (such as transcripts) would be retained. All these actions were taken to remind the participant of the information provided in the information leaflet and to provide a relaxed environment for the research participant to narrate their experiences.

After engaging in these discussions with the participants, I gave each participant a week to think about and photograph things that related to or best described their experiences of teenage pregnancy and motherhood. All the participants in this study had access to phones that they

could use to take photographs. In the eight weeks of my fieldwork, I received 30 photographs from my participants as in some cases, participants brought more than one photograph to portray their experiences. Participants were then allowed to choose the photograph which best suited them to be used in the interviews thus promoting participant agency. Once these pictures had been developed and printed, I kept a copy for the interview process while the participant also kept a copy for their personal purposes. An interview date was set then set.

On the interview days, I handed a consent form to each participant so as to have a signed agreement of their consent to participate in the study. The participants chose when and where to conduct the interviews. However, getting a good place to conduct the interviews proved difficult as some of the places that were chosen did not seem conducive for recording due to background noises. In these cases, I explained to the participants the need to change the location for quality recording and they often provided me with a more suitable location such as meeting rooms. Interviews took place in a variety of settings ranging from empty school classrooms to rooms within community relaxation centres. These settings reflected familiar environments where the research participants felt comfortable with meeting to talk about their experiences. It also helped to provide confidentiality as the spaces were private. To ensure my safety, I always informed a third party of my location at every given time.

Holloway and Brown, (2016) state that it is challenging for a researcher and an interviewee to collectively work in a relationship where no power control occurs. This is because information gathering occurs through discourses within which power inequalities can occur (Cannella, 2015). Accordingly, it is relatively difficult to conduct a structure free interview because the intentions and the expectations of both the researcher and the participant might probably dominate the conversation (*ibid*). Knowing the aforementioned helped me to further ponder on the power dynamics unconsciously being exchanged between myself and my research participant. To manage this, Holloway and Wheeler (2010) advocate that an interviewer must strive to maintain fairness in power relationships by ensuring that participants' views and concerns are given importance throughout the interview process. Following Holloway and Wheeler's (2010) suggestions, questions regarding the photographs produced were purposefully generic to allow the participants to express themselves.

I usually began the interview by asking participants if they could talk me through the photograph, what it represented, and why they chose it. As the participants gave their narratives, I probed as necessary, along the lines of their narratives in order to elicit a richer description of

their experiences. Using photographs to elicit information during the interviews turned participants' focus from thinking of a particular embodied experience onto the details of what the experience was like when they were living through it (Richard & Lahman, 2015). This allowed me to have an insider's perspective into the nature of my participant's experiences, lending followership to IPA guidelines (*ibid*).

A range of probes were utilized throughout the interviews such as: *"how did you feel about this?"* *"what was the experience like?"*. These probes permitted me to ask for more in-depth answers, have a better understanding of the meanings that my participants attached to certain things, and further explore experience. In some instances, however, I also asked some direct questions to ensure that I covered the research aims and objectives of my study. Examples of such questions included: *"what was your experience of being a young mother?"*.

Qualitative interviews are often based on the assumption that participants are willing and are able to articulate their perspectives, opinions, and emotions (Kvale, 1996; Silverman, 2016). However, this may not always be the case. A few studies conducted in high-income countries have shown that there can be challenges in eliciting data during interviews (Marshall & Rossman, 2014; Silverman, 2016). Although many of my participants provided robust replies during the interview process, I encountered difficulties with a few participants as their narratives were characterized by short answers which increased questioning from myself in a bid to generate more in-depth responses. Hence, the quality of the data obtained from each participant depended on the participant's willingness to divulge information, and ability to participate and articulate their experiences. This was reflected in major differences in interview length with some interviews lasting approximately twenty minutes and others lasting one hour. These variations in participants' disposition and ability to discuss their experiences of teenage pregnancy and motherhood are recognized as limitations in this study.

I conducted a total of twenty-four interviews with my research participants. Five interviews were conducted in the English language while nineteen of the interviews were conducted in the Yoruba language. Most of the interviews lasted between 45-60 minutes and the interview was conducted on a one-to-one, face-to-face basis. In a few instances, some of the young mothers brought their children along with them for the interview. Although this was not challenging in terms of the interview, this caused some disturbances where interviews had to be paused at certain times to cater to the needs of the children.

During the interviews, I used several techniques learned from the sessions I had attended at the OU on conducting qualitative interviews to comfort participants when interviews became emotive. For instance, in describing some aspects of their experiences (especially in relation to stigma), some of my participants became visibly upset and tearful. Whenever this happened, I paused the interview to show that I acknowledged their emotions and provided support by giving them time to comport themselves. I also asked participants whenever they became emotional if they wanted to end the interview or reschedule, to which they always reassured me that they were fine to continue with the interview. In these instances, both the participant and I would agree upon a time to restart and continue the interview.

I utilized the use of fieldnotes in addition to my reflexive journal during the interview process. According to Phillippi and Lauderdale (2018), fieldnotes are necessary to: record non-audio data during participant observation; identify patterns across interviews; and develop interpretations from findings of the study. During the interview process, I used the fieldnotes to: make a log of all the contacts with participants, note important discussions to refer back to during the interviews, write phrases or brief expressions of the interview context, record information about the interview itself, and provide information on the events or challenges that were faced during the interviews. My reflexive journal was used for personal reflections on the interview process, preliminary analysis of certain phrases or languages used by the participants and a detailed overview of the research process. This helped me achieve rigour and maintain reflexivity in conducting the research.

Upon ensuring that I had gathered all the necessary information relevant to my research, I usually ended the interview with questions such as; “*is there anything we have not talked about that you would like to share with me?*”. This was done to elicit data about anything that the participants had failed to recall or still wished to disclose. At the end of the interview, compensations in the form of food vouchers were given to the participants as thanks for their contribution to the study. Additionally, I engaged in post-interview discussions with the participants to assess the impact that the interview had on them and to explore options for follow-up support if necessary. Participants often described the interview process as helpful because it allowed them to discuss their experiences and give an opinion on the way teenage pregnancy and motherhood is represented in South-Western Nigeria. This was despite the initial challenges of finding a picture to accurately depict their feelings (these challenges will be discussed in further detail in the following section). Based on this, some of the participants

became advocates for my study, telling other people about it and providing me with participants who seemed interested in the study.

During my post-interview discussion, I also discovered that for some of my participants, the interview was the first time that they had talked about their experiences and how they felt. Thus, the interview process provided an avenue for reflection, something which most of them noted that they had not previously done. The interview process therefore provided a recuperative role and brought about relief for the participants through the process of talking about their experiences (Marshall & Rossman, 2014; Sandelowski & Voils, 2013).

All participants were offered the choice of obtaining a copy of the transcripts of their interview and subsequent analysis however rather than ask for a copy of the transcript, most of my participants asked that I replay the recording so that they could hear how they responded to the questions. This provided me with insights into how participants chose to request for research information as most of my participants preferred to listen to the recordings rather than have the transcripts or the analysis (my reflection on this will be discussed in section 4.5.5).

4.5.4.1 Experience using PEM

Using PEM in this study was not without its challenges. One of the major challenges that I encountered while using PEM in this research was the difficulty of participants in capturing their lived experiences in a photograph. This was exacerbated by limitations imposed by ethics as participants were not allowed to capture pictures of individuals due to consent and confidentiality. Thus, while participants had pictures that they could have readily used to depict their experiences (such as school pictures or pictures of their children), it was deemed unethical for the study. As a result, some of my participants struggled with the abstractness of capturing lived experiences without the use of human pictures.

Some of my participants had ideas which centred on themes such as deception and being trapped. They found it difficult to capture these concepts in pictures and subsequently deferred back to me for advice. To address this, I offered ideas to the participants on places to go (such as the art gallery or museums) which may contain certain pictorial representations of what they may have in mind. Although they eventually came up with pictures, they felt highly dissatisfied with the pictures as they did not completely capture the ideas that they had in mind. Here, my suggestions of ideas (of places to go) to the participants may reflect researcher bias. Coupled with the difficulties experienced by the participants using this method, this constitutes a

limitation of this study. This process of using PEM as a tool for data collection begs the question; “*To what degree was this method empowering?*” It can be argued that for these few, this method of using photographs was not helpful in assisting with the narration of their experiences. This study therefore suggests a limitation to the use of PEM by highlighting how it fails to take into consideration the fact that people may have difficulty in capturing abstract ideas as pictures.

Having highlighted the challenges associated with using this approach in rural Nigeria, another question that then comes to mind is “*did the researcher get more quality data than would have been obtained without the use of PEM?*” For most interviews, PEM proved to provide richer data as the use of pictures allowed me to explore aspects of stigma (such as courtesy stigma) as well as community behaviours that existed that I was not aware of. This fostered participant’s participation in taking active roles in guiding the research as they chose what aspects of their experiences to discuss with their pictures.

Using PEM also helped to enhance rapport and facilitate the process of interaction between me and the research participants. This was because prior to the interviews, we met occasionally to discuss pictures. The rapport developed, I believe, contributed to me getting more in-depth data from the participants. The ability to offer my participants a less pre-designed way of visually and verbally communicating their views of being an unmarried teenage mother in Nigeria also added to the depth of my analytical interpretation. Additionally, this process allowed both me and my participants to engage keenly in the co-construction of meaning and experience which is central to the fundamentals of IPA (Pain, 2012; Shinebourne & Smith, 2011).

4.5.5 Buffer space

According to Rubin and Rubin (2011), it is important to create a *buffer space* between interviews to allow for proper reflection on the interview process. This act of spacing interviews was also an important consideration in this study. Due to several factors (such as availability, proximity etc.), many of my interviews were able to be evenly spaced. As such, I was able to carry out interviews on alternate days. This afforded me the opportunity to reflect on the interview process and make personal notes regarding the interview experience. The reflexive box shows an excerpt of one of the reflexive processes which I carried out during an interview buffer space:

Member Checking

One of the ways to achieve quality assurance in qualitative research is to take the data analysis and presentation back to participants to see if it reflects their views. I think that in academic literature, it has been assumed that participants will be avid readers. I have found this to be a misconception. The assumption that participants would like to read is based on the idea that they are like researchers who devote their time to reading. In my study, I have found that people can be both visual (readers) and auditory (listeners). Whenever I ask my participants if they would want a copy of the results of this study, I have instead been asked to replay the interview audio so that they can hear it again. For them, it aids reflections as they begin to elaborate more on certain areas or relive certain aspects.

Again, I notice that many of my participants (young mothers in particular) do not seem interested in having a summary of the result findings to see if it is consistent with their views.

Is this still because they are more auditory than visual? Or

Is it that they trust that I will do justice to their stories?

Or is it a way of not wanting to relive emotional and traumatic experiences (especially those that had to share stories of rape and domestic violence)?

What does this imply for this research?

On the upside, I think that this will make me more committed to an inductive approach and reduce the level of stress on participants concerning research commitments.

-Excerpt from reflexive journal January 2019

However, because of the time limit allocated for the data collection process, I was not able to carry out all interviews on alternate days as on few occasions, I had to conduct as many as two to three interviews per day. On days like this, I always allowed for a minimum of one hour between the interviews so as to create space for me to jot down and give brief descriptions of my experiences and reflections. This allowed me to continue to be reflective and analytical throughout my data collection process.

4.5.6 Issue of power in the research process

It has been claimed that it is difficult to capture the reality or genuine understanding of participant's experiences in their own words because it is believed that what eventually

materializes as a result of interviewing is the researcher's mindset, position, and aims within the research (Cannella, 2015). This suggests that participants address questions, precisely developed by the researcher, who is in complete control of the transcribed words (Ben-Ari & Enosh, 2013; Karnieli-Miller et al., 2009). This privileged position of the researcher has been a recurring concern which has been emphasized in methodology literature (*ibid*).

Other studies have suggested, however, that the power imbalances in interviewing are fluid and moves between the researcher and the participant (Cannella, 2015). Because participants are seen as the experts of experience in the exploration of the phenomenon being studied, they may additionally decline to take part in the study or negotiate their degree of participation (Holland et al., 2010). Furthermore, since it is ethically mandatory to inform participants of their right to withdraw from the research at any point in time, this counters the initial conceptions that researchers retain the sole ownership of power (*ibid*). Nevertheless, irrespective of the varying views of power dynamics in the research process, the power imbalances in researcher-participant relationships are of importance to be discussed, negotiated, and mitigated (Ben-Ari & Enosh, 2013; Karnieli-Miller et al., 2009).

To address the issue of power imbalances in research, we need to look at it from ontological and epistemological perspectives. At the data collection phase, the participant holds access to the experience of interest to be explored while the researcher holds the information on how the research should be conducted, analysed, interpreted, and disseminated (Cannella, 2015). From an epistemological perspective, thinking about what form of 'power' is being carried out determines whether these power relations are harmful to knowledge production, in addition to participants (Hawks, 1991). In a literature review of power, Hawks (1991) described two types of power namely: "*Power Over*" and "*Power To*". "*Power Over*" is a struggle for domination, enforcing or manipulating people to conform to a particular desired outcome while "*Power To*" is a form of shared administration in the fulfilment of goals and objectives by helping others to create and achieve outcomes that fulfil the expectation of both parties.

Florczak, (2016) applies these ideas to quantitative and qualitative research by explaining that quantitative research exercises "*power over*" while qualitative research exercise "*power to*". According to Florczak, (2016), while there are certain periods of "*power over*" (where the researcher asks participants specific questions about the study), qualitative research (in this case using IPA) emphasizes giving "*power to*" participants by empowering participants to narrate

their experiences and ensuring that researchers place participants voices at the centre of the research.

As outlined in section 4.5.1 and 4.5.4 this study gave due consideration to addressing power imbalances between the researcher and the participant. In conducting this study, I worked towards giving “*power to*” participants by allowing them to guide the direction of the research and determine what they felt comfortable in discussing. This involved consulting participants in the review and modification of the interview guide, informing them of their right to withdraw or stop the interview and acknowledging their participation. To further minimize power imbalances between myself and the participants and allow their experiences to be told from their perspectives, I also utilized photo-elicitation-methods. In some instances, this fostered agency as it put the participant in charge of the research process.

4.5.7 Ethical considerations

Ethical approval was obtained from the Human Research Ethics Committee (HREC) at the Open University (ethics code: HREC/2290/Oluseye). Since I was conducting my study in Nigeria, I also familiarized myself with the *National code of health research ethics* developed by the National health research ethics committee of Nigeria (see FMOH 2006) and ensured that my proposed research met the expectations of appropriate ethical research as shown in the document.

The purpose of the study was explained in detail to the participants using a participant information sheet (see appendix B). All participants were given this to read, and the information sheet was also verbally explained to the participants before they were asked for informed consent. A copy of the informed consent form can be found in appendix C.

Before the interview began, issues such as anonymity and confidentiality were re-emphasized. Studies have shown that in qualitative interviewing, especially around sensitive topics, some respondents may find it difficult to talk about their experiences or may want to conceal important aspects of their experiences (Marshall & Rossman, 2014; Silverman, 2016). Whilst recognizing their right to do this, it also needs acknowledging that this runs counter to the objectives of the study which aims to explore details of participants’ experiences. Ensuring confidentiality is therefore very important to mitigate this difficulty. Specific details that revealed the identities of participants were removed and transcripts were anonymized. Identifying information in transcripts was also removed or replaced with a pseudonym and each interview was renamed

using a number code. Participants were also assured that any information they gave will only be used for the purpose stated in the participant information sheet. This made participants more reassured in narrating their experiences during the interviews.

There was a probability that this study could induce emotional distress as it explored a sensitive area which is not broadly discussed in Nigeria. To mitigate this, participants were informed of their right to refuse to answer particular questions without explanations and their right to withdraw or have their data removed from the study before a particular date (August 2020). Furthermore, due to the sensitive nature of participants being unmarried teenage mothers in a conservative society like Nigeria, I made sure that I was conscious of stigma and I ensured that I used language, terminologies and asked questions in a way that was not discriminatory.

At certain times during the research, researchers may need to weigh their ethical obligation to maintain confidentiality against their obligation to offer support or report cases of violence. During my fieldwork, I encountered two victims of rape and two victims of intimate partner violence. Since parts of ethical considerations are concerned with protection from harm (Aluwihare-Samaranayake, 2012), I became concerned with moral questions of what I should do. To resolve this, I asked the two victims of rape if they wanted to report their cases however they both said no. I also asked the victims of intimate partner violence if they would like to go for counselling or seek appropriate help to which they responded that “*I am fine*”. After doing this, I then spoke to my supervisors about my encounters, and I acquainted myself with the guidelines regarding ethics in violence against women as recommended by Fontes (2004) in her work; *Ethics in violence against women research: the sensitive, the dangerous, and the overlooked*.

Following her recommendations, I assessed whether the lives of my participants were in immediate danger. For the two rape victims and one of the victims of intimate partner violence, I adjudged that this was no longer the case since they were no longer with the said partners. Thus, I only provided them with referrals for support and respected their autonomy to make the decision to report. It has been noted that in some cases, reporting can lead to an increased risk of violence for the woman (Fontes, 2004). It is therefore recommended that confidentiality and autonomy take priority and decisions that are in the best interest of the woman be carried out (*ibid*). In assessing my last victim of intimate partner violence, based on her claims, I adjudged that the beatings had stopped but was concerned that it could start again if her partner realized that she had spoken to someone (i.e., me) who had reported it. Following the principle of non-

maleficence (to minimize harm), I decided to respect her wishes not to report. I however provided her with information on services that can respond to her situation. I perceived this to be an appropriate intervention to her situation.

In addition, keeping myself as a researcher safe was also an important aspect that I considered while carrying out my fieldwork. To achieve this, I ensured that I worked in accordance with the Open University's Lone Worker Policy. Before undertaking the fieldwork, I undertook a risk assessment and during the fieldwork, I followed the guidelines of ensuring safety when conducting research as advised by the Open University and my supervisors. I also took necessary precautions (such as informing a third party of my location) to safeguard my safety during my fieldwork.

4.5.7.1 Ethics with pictures

The use of photographs in research raises important ethical issues regarding consent, confidentiality, and anonymity (Copes et al., 2018). Many of these relate to the implications of using photographs in which participants and others are identifiable or potentially identifiable (*ibid*). To mitigate this, participants were asked not to take pictures of people, including themselves. This was included in the information sheet and reiterated several times during the initial meeting with the participants.

Another ethical issue that can emerge from the use of photographs relates to the question of ownership and consent for the use of the photographs produced (Copes et al., 2018). As creators of the photographs, participants are the legitimate owners of the photographs taken which implies that consent is essential for the reproduction or display of any photographs received from participants (*ibid*). Therefore, participants were asked for consent for the use of the photographs created. The consent that was sought incorporated the use of their generated photographs in data collection, research projects, conference presentations, journal articles, and other forms of research purposes. Participants also kept a set of printed photographs alongside the researcher and the consent process detailed that participants could withdraw the use of their generated photographs from the research at any given point in time.

4.5.7.2 Remuneration

Although the gift given to participants as compensation for their time was in form of food vouchers, this needed not to act as a source of bias in the sampling or generation of data (Head,

2009). Hence, the value of the food vouchers was kept at approximately 10 pounds in Nigerian naira.

4.6 Key informants: study setting

The key informants recruited for this study were also drawn from Mokuro, Ife-East, Osun state, Nigeria. This was done to get community expert opinions on the socio-cultural context of teenage pregnancy and motherhood.

4.6.1 Sampling procedures

This study used purposive sampling in selecting the key informants for this study and participants were selected based on their role in the community, knowledge about the phenomena, and willingness to participate (Marshall & Rossman, 2014; Sandelowski & Voils, 2013). To determine participants' knowledge of teenage pregnancy and motherhood, key informants who had lived in the area for more than ten years and had been involved in working with adolescents were targeted. For this study, I recruited ten key informants to complement the interviews of the unmarried teenage mothers. The purpose of this was solely to further understand community perceptions regarding teenage pregnancy and motherhood in South-Western Nigeria.

4.6.2 Recruiting the sample

Based on advice from local researchers (from the Universities within the area), I decided to interview individuals whom I believed had informed perspectives on teenage pregnancy and motherhood in order to gain insight into the views, beliefs, and opinions of the community residents on the subject matter. To achieve this, I printed out information sheets detailing the research aims and objectives and I distributed these information sheets (see appendix D) in schools, religious centres, community health centres, and local government parastatals. Using this approach, I was able to recruit two secondary school teachers, one community health worker, one nurse, two religious' leaders, two chiefs/community elders, one women community leader, and one local government chairman. Table 5 records their socio-demographic details:

Table 5: Key Informants socio-biographic details

Participants Pseudonym	Sex	Occupation/Position	Number of years resident in the community	Number of years in work/position held
Regina	F	Teacher	25	15
John	M	Pastor	25	16
Esther	F	Chief	55	6
Tunde	M	Chief	60	8
Ahmed	M	Muslim cleric	25	15
Becca	F	Community health worker	25	15
Beth	F	Nurse	15	5
Marcy	F	Women community leader	20	10
Tunde	M	Local government chairman	20	6
Blessing	F	Teacher	25	20

4.6.3 Data collection procedures

This study used semi-structured interviews to gather data from the key informants. The interviews for the key informants were conducted in January 2018 and interviews were conducted in school settings and offices. A copy of the interview guide can be found in Appendix E. Eight of the interviews were conducted in the English Language while the remaining two interviews were conducted in Yoruba Language. The interviews lasted between 30-60 minutes and were transcribed verbatim by me.

To mitigate issues of power imbalances in research, I aimed to create a conducive environment where key informants felt free to share their opinions, views, and beliefs about the phenomena of interest being studied. The interviews typically began with me asking the key informant to tell me about their views of teenage pregnancy and motherhood. This was then followed by specific prompts where necessary (i.e., “*can you explain in a bit more detail about this?*”). Based on preliminary findings from my interviews with unmarried teenage mothers, I also asked

key informants specific questions such as: “*what are the attitudes of the society to unmarried young mothers when they give birth?*”

During the interviews, I used field notes to jot down important statements or phrases that I wanted to probe further on. After ensuring that I had gathered all the information that I needed and that I had explored certain themes that arose during my initial interviews with unmarried teenage mothers, I asked the informants if they had anything more to contribute or disclose. Inquires like this usually prompted other key informants’ perspectives of unmarried young mothers such as them abandoning their children or selling their babies to avoid stigma and poverty (as will be shown in chapter eight). After the interviews, I notified the informants of the choice of obtaining a copy of the transcripts of their interviews however none of them requested a copy.

4.6.4 Ethics

An amended ethical approval was obtained from the HREC at the Open University (ethics code: HREC/2290/Oluseye). The purpose of the study was explained in detail to the key informants using a participant information sheet. Issues relating to confidentiality, anonymity, and the right to withdraw were also discussed in detail both in the information sheet and before the interview. Afterwards, informed consent was obtained (see appendix F), and the interviews commenced. Key informants were reimbursed with food vouchers worth 10 pounds each for their participation in the study.

4.7 Data protection and information security

As a requirement for this study, I completed training and received a certificate on the general data protection regulation act (GDPR). I also registered this project with the University’s Data Protection Coordinator (Data reference number 4263). My DPIA form outlines issues relating to data retention, data minimization, data limitation, purpose limitation, the right to access, the right to rectification, the right to erasure, and the right to limit processing.

For both the young mothers and key informants, data collected during the recruitment were stored securely on the Open University (OU) Qualtrics platform. Personal information of participants (such as participant names, contact details) was stored on a password-protected spreadsheet on a secure OU server, separate from the transcripts. Identifying information was also deleted as soon as it was no longer required (once the analysis had been completed).

Recordings of interviews made on a digital recorder were protected with a passcode. These recordings were then transferred to an OU secure server in a password-protected directory after each interview and erased from the digital recorder. Transcripts of each interview were also generated and stored in the password-protected directory. Once the transcripts were created, the original recordings were erased. Hard copy data (e.g., field notes of each interview) were stored in a locked drawer in an OU office until they were scanned and stored digitally in a password-protected folder on an OU secure server. Once digital copies were obtained, hard copies were also destroyed.

Part III: Data analysis

This section discusses the conceptual guide of the data analysis, gives a step-by-step account of how data were analysed and provides a rationale for the decisions made during the data analysis in line with the guidelines of IPA. Quality assurance and the positionality of the researcher are also discussed.

4.8 Data analysis

John and Johnson, (2000, p.5) state that:

The intelligence and integrity that a researcher brings to the research process must also be brought to the choice and use of tools in an analytical process. Thus, researchers should be as critical of the methodological approaches to using qualitative analysis software as they are of the fit between the research questions, methods, and design.

Based on this recommendation, I decided to carry out the research manually because I felt that the introduction of another object (in this case, a qualitative software) gives the appearance of interference, which runs counter to the idea that IPA is a phenomenological process between the researcher and the participant. Thus, to undertake the analysis and to be able to completely immerse myself in the transcripts of the participants, I tried to limit external interference by solely engaging in manual data analysis.

4.8.1 Using field notes in data analysis

According to Phillippi & Lauderdale (2018), fieldnotes are useful in contextualizing data as it adds to thick description and the transparency of the findings and research process. The field-notes which I also used during the interview process helped in the data analysis as it served as

a reminder of the events that took place throughout the span of each interview. I also utilized my field-notes to record memos based on the transcriptions of the interview, the literature reviewed, research process, and analysis. Sandelowski and Voils (2013), posit that a reflective methodological account is required to show thoroughness in qualitative research. Thus, I maintained a record of my personal opinions, thoughts, feelings, reflections, analytic ideas, and emerging themes throughout the data collection process in my reflexive journal. The notes I developed based on my reflections of each interview process helped me to understand and provide an audit trail of how my developing ideas, perceptions, and observations informed the final analysis and subsequent interpretation of the findings from this study.

4.8.2 Primary Analysis

Presentation of audio data into written form is an interpretive process which is the first step in analysing data (Bailey, 2008; Hammersley, 2010). I started by transcribing the audio-recordings of each interview within a day or week after it had been conducted. A total of 34 transcripts were used to generate data for this research and each transcript included the pauses, emotional reactions as well as bracketed comments on the mood and tone of the interview. The data for this study was transcribed from over 32 hours of audio and this translated into 400 pages of verbatim transcripts and 150,000 words.

Guaranteeing the precision of data transcription goes a long way in determining how reliable the data analysis of a study is (Bailey, 2008; Hammersley, 2010). While transcripts can assist in providing an audit trail for quality assurance, they are error-prone (*ibid*). It is therefore proposed that transcripts be cross-checked directly from the original recording to screen for errors (Davidson, 2009). To ensure the accuracy of the data being transcribed, I listened repeatedly (2-3 times) to the interview recordings to check for errors in the transcriptions such as missing or misquoted statements. I also proof-read each transcript to look out for grammatical errors.

Lofland, (1995) posits that data analysis should be an ongoing process with data collection and transcription as this will enable the researcher to be more attentive to emerging themes and ideas. This approach is also encouraged by Silverman (2016) as he posits that it is the overlapping cycle of data collection and data analysis that allows each process to inform the other. Hence, the transcription and data analysis for this study coincided with the data collection process and this continued into the writing up stage of the thesis. The reflexive box shows an excerpt of one of the earliest emerging ideas and themes in my study following data collection:

Transforming stigma?

There seems to be a uniqueness in this study. Link and Phelan talk about stigma as unidirectional, like the power of stigma is only held by the stigmatisers. This is true and innovative, but I have noticed that in most of the interviews that I have been listening to, stigma seems to propel participants to take control over their lives.

Does this then mean that participants can positively harness stigma?

Does this mean that they can redirect stigma and not just manage it?

Does that mean that stigma power is fluid and not solely within the power of the stigmatiser?

What does this imply for stigma theory?

-Excerpt from reflective journal, January 2019

4.8.3 Translation of Transcripts

The majority of my interviews were conducted in my native language (Yoruba) and this had to be translated into the English language for data analysis and interpretation. Thus, an ‘ideal translator’ was required. According to Regmi et al. (2010), an ideal translator is an individual who is conversant with the language, social context, and culture of a community as well as the interview context within which the research takes place. Since I conducted the interviews myself and I had a knowledge of the culture of the people under study, I decided to translate and transcribe the data myself. Translation is a cultural analysis which involves converting concepts that are expressed in one language by a social group to another language for another social group (Van Nes et al., 2010). Hence, it is important that established procedures are followed during this process of cultural decoding (*ibid*). However, guidelines relating to translation of transcripts in research is one aspect of qualitative methods literature that is rarely discussed (Chen & Boore, 2010). As such, researchers are often left to devise best practice in the translation of data.

According to Chen & Boore, (2010), it can be challenging to capture accurate descriptions of participant accounts when data collection is done in one language but transcribed and analysed in another. This is because certain phrases or words tend to get missing or misplaced in the process of translations (Regmi et al., 2010). Chen and Boore (2010) suggest that to mitigate this, two transcribers/translators should be used where one transcriber translates forward to the needed language and the other translator translates back to the original language without listening to the audio recording. This they believe, would enable researchers to have accurate

translations of transcripts (*ibid*). While this approach is widely used, many authors have argued that depending on the volume of data to be translated, this process can be time-consuming and expensive, especially for student researchers like myself (Regmi et al., 2010). Hence, I decided to do this process by myself.

I transcribed verbatim from the Yoruba language to the English language and I then carried out back translations to see if it reflected the exact words or similar meanings used by the participants. To minimize bias in carrying out this approach, whenever I engaged in a ‘forward translation’ of a transcript, I always ensured that a few days (3 or 4 days) had passed before I engaged in ‘back translations’. This helped me to easily identify places where I had used wrong phrases in comparing the forward translations with back translations. In areas where meanings were dissimilar, I made corrections where appropriate.

To ensure that transcripts were translated correctly, I aimed to provide an accurate translation of the transcript rather than a direct translation as direct translations often did not seem congruent in the English language. For instance, certain sentences could not be transcribed verbatim because of the word order. For example, “*t’omode ba fi kekere l’oyun, o ma n rorun ju agbalagba lo*” transcribed verbatim would be “*if a child uses small pregnancy, it is easier than adult*” which seems unintelligible but if ordered correctly, it would be “*it is easier for a young person to get pregnant than it is for an adult*”. Hence in certain cases, I had to re-order the sentences when translating into English.

Also, certain words in the Yoruba language could not be transcribed verbatim because the translation was not literal. For example, “*won le yo ile omo mii*” transcribed verbatim in English would be “*they may remove my child’s house*” but it means “*they may remove my womb*”. Hence, in cases like this, I transcribed translations in the context of its interpretative and cultural insights. There were instances where there were not accurate words in the English language which could completely capture certain phrases in the Yoruba language as some concepts in the Yoruba language did not exactly translate into the English language. In cases like this, I opted to use the most accurate word which was nearest in meaning in English. Scenarios like this were not largely encountered during the translation process. Thus, only minor modifications were made where necessary.

Furthermore, certain phrases had tendencies to be understood in different ways. For example, “*mo ro ara mi pin*” could mean “*I looked down on myself*” or “*I lost confidence in myself*”. To

ensure that I had used the prevailing description of how it could have been best understood by people in that community, I cross-checked meanings of sentences and phrases with community residents to ensure that my translations coincided with the way that they would have transcribed it into the English language. For further accuracy in translation, I invited two researchers who had experience in Yoruba to English language translations to listen to some of the audio-recordings of the interviews and my translations in English to check if my translation varied greatly from what would have been expected. This was not the case with my translations and I only had to make minor amendments were necessary. This process helped me to ensure accurate translations of transcripts, minimize misinterpretations, manage the loss of meanings, and achieve semantic equivalence (Chen & Boore, 2010). All these processes helped me to ensure quality assurance in the translation of transcripts. Nevertheless, it can still be argued that in translation, some meanings may be lost because each language is context-based, carrying embedded meanings that cannot be easily translated into another language (Van Nes et al., 2010).

4.8.4 In-Depth Analysis

Smith and Firth (2011) define in-depth data analysis as a process of collecting raw data and breaking it into a series of components for investigation through an analytical process. IPA data analysis is committed to an idiographic approach as it involves an in-depth line-by-line analysis of participants' narratives (Larkin et al., 2011). The goal of IPA analysis is to move beyond exploratory descriptions of participants' narratives and engage in a double hermeneutic so as to understand, interpret, and make sense of participants' lived experience. This procedure involves identifying emerging themes as well as finding differences and similarities across multiple transcripts. The inductive and dynamic style of IPA uses a technique of "*moving from the specific to the shared and from the descriptive to the interpretative*" (Smith & Shinebourne, 2012, p.10). Through this, a balance between the "*phenomenological*", "*insider position*" and "*interpretative, outsider stance*" can be achieved (Reid et al. 2005, p.16). To ensure premium quality of data interpretation using IPA, Smith et al. (2009) posits that its guidelines be adhered to. There are five stages involved in the data analysis process of IPA. It is worth pointing out here that stages 1 to 3 were completed for each transcript individually. The ways in which these processes were used in this study will be discussed next.

Stage 1: Transcript familiarisation and initial coding

According to Smith and Firth (2011), the process of reading and writing memos during data analysis allows the researcher to examine the language used during interviews and the context within which it was used. Here, the aim is to engage in a free textual analysis of the data through reading and re-reading of transcripts, so as to become familiar with the data and note things of interest (*ibid*). Based on this premise, I re-read each transcript 2-3 times in order to familiarize myself with the transcript and recollect the context of the interviews. While re-reading each transcript, I carefully related it to the comments made from my observations during the interviews and I did this because I believed that these comments provided insights into the context of how the story was told.

After I was certain that I had familiarized myself with the data, I began to read each transcript line-by-line and make memos about the meanings of certain accounts in the transcript while noting any significant or interesting responses. These memos reflected my underlying thoughts, observations, and interpretations and some likely perspectives for further analysis. In revisiting the transcripts and initial notes, I began to focus on the use of language and the context in which these words were being presented. This brought about a shift from the literal meaning of words to an understanding of how young mothers were trying to make sense of their experiences which is a reflection of Smith and Firth's (2011) descriptive, linguistic and conceptual framework of engaging in analytical dialogue. The following reflexive box shows an excerpt of this shift in my thought process:

Husband/Fiancé vs Boyfriend

During the interview process: I do not understand why my participants often refer to their partners as fiancé or husband even though they have told me that they are neither engaged nor married. Sometimes I am tempted to correct them because I find it a bit confusing. I feel concerned about this as my study is clearly on unmarried young mothers and when they refer to their partners as their husbands, I feel that this may confuse whoever reads my transcript as it would seem that I did not follow my inclusion/exclusion criteria. Do I keep correcting them? Is it a cultural thing?

- Excerpt from reflective journal January 2018

During the Analysis: Now that I am analysing and reading the literature, I think I am beginning to understand why my participants chose to refer to their partners as they do. It is a form of social conformity, to manage stigma. It aligns with Goffman's concept of framing that suggests that people treat us in the way that we project ourselves. It is sort of like they assume the status of a married person to obtain respectability within the community.

-Excerpt from reflective journal, January 2020

Furthermore, in incorporating the concept of the hermeneutic circle to data analysis, Smith et al., (2009) emphasize that researchers should engage in the hermeneutics of suspicion and empathy. This he argues would provide a more comprehensive understanding of participants' lived experiences (*ibid*). In this study, interpretative analysis was achieved by initially following a *hermeneutics of empathy* by trying to understand participants' narratives. Afterwards, a *hermeneutics of questioning* was employed to further analyse participants' lived experiences. Table 6 provides an example of a line-by-line analysis of a young mother's transcript, showing sets of memos that reflect my initial thought processes.

Table 6: Stage one of IPA showing a line-by-line analysis of a young mother’s transcript.

Transcript	Memo
<p>Interviewer:</p> <p>Thank you for participating in this study. The first question I would like to ask; can you tell me what your life was like before you got pregnant?</p> <p>Respondent:</p> <p>During that time life was good, I have a father but I was living with my mother, but she didn’t live with us all the time because she was always travelling so it was very easy that time because I had freedom. There was no one to ask me where I was going to, tell me to come back home, it was so easy and free then and I think that is why I fell into the trap.</p>	<p><i>“During that time life was good”</i>- This is suggestive of life being much better before becoming a teenage mother; Perhaps? Perhaps not?</p> <p>Why does she feel this way?</p> <p><i>“She didn’t live with us all the time because she was always travelling. So, it was very easy that time because I had freedom. There was no one to ask me where I was going to, tell me to come back home”</i>- This suggests that her mother’s busy schedule gave her the freedom to do anything without being monitored.</p> <p>Are mothers’ busy schedules responsible for early pregnancies?</p> <p><i>“It was so easy and free then and I think that is why I fell into the trap”</i>- This suggests that she feels that this freedom led to her pregnancy.</p> <p>She uses the phrase: <i>“That is why I fell into the trap”</i>- does she consider teenage pregnancy and motherhood a trap?</p> <p>Why is this?</p>

In addition, I also highlighted phrases and keywords to identify the ways in which my research participants talked about, made sense of, and reflected on their experiences. This allowed me to examine the use of language and understand the context in which it was used. Table 7 provides examples of phrases identified in the transcript:

Table 7: Examples of phrases identified

<i>“It changes the direction of your life”</i>	<i>“I was never a wayward child”</i>
<i>“I was so tired of life”</i>	
<i>“They were the source of my problems”</i>	<i>“I did not know what else to do”</i>
<i>“I became wiser”</i>	
<i>“It made me want to make my life better”</i>	<i>“Giving birth young is not a disability”</i>

According to Stuckey (2015), coding can be defined as a process of using a word or short phrase to representatively capture passages, phrases, or interrelated keywords, with the aim of putting them into groups to create a structure of thematic ideas. I started by using an inductive coding approach to my analysis by creating codes based on words, sentences, and expressions as I continued the line-by-line reading of the transcripts. I used this technique as opposed to working from a list of already identified codes as I wanted the codes to be grounded in the data rather than have an already developed set of codes being imposed on the data. Table 8 illustrates how I derived codes from the transcripts of the participants.

Table 8: Code derivation

Transcript	Code
<i>I did not know I was pregnant, it was my friend that knew. We always menstruate at the same time and so she reminded me that I had not menstruated that month. After we waited a while, she convinced me that we should go to the doctor who then did a test for me and then said that I was pregnant</i>	I did not know I was pregnant
<i>The person I was dating then was my classmate. He was my first love</i>	Lovers/sexual partners?

Stage 2: Developing emerging themes

According to Langdridge (2007), thematic analysis is the major approach that IPA uses in its analysis. Once the codes and memos were produced from the first stage, they were then used to develop emerging themes. One major challenge that I experienced in this process was in demonstrating how I achieved an abstract level of interpreting the data into themes. Thus, in an attempt to demonstrate this process, I drew on Smith and Shinebourne's (2012) guide to developing themes.

Smith & Shinebourne, (2012) note that the development of themes involves the breaking down of the narrative flow of a transcript into distinctive chunks to reflect an analytical interpretation of the original quotations of the participant. The initial descriptive memos and codes derived from each participants' narrative in stage one were further broken down into distinctive sections to perform a more in-depth conceptual analysis (Langdridge, 2007). In this process, a substantial amount of time was spent going through each transcript. Sections or phrases which seemed to belong together were then collated from the transcripts and were grouped as a category. Larkin et al. (2011) further posit that a danger which can occur in the derivation of emerging themes is that it can turn into a presentation of a large number of descriptive themes. Thus, during the process of grouping phrases and sections to form a theme, I constantly cross-checked if the categories were descriptive or interpretative. To achieve this, an interpretative summary was carried out for emerging themes. This brought about a more synthesized analysis of categories

(Eatough & Smith, 2008) which were then subsequently reviewed to produce more meaningful statements known as themes. The emerging themes developed from this analysis thus reflect a more comprehensive level of understanding of the data. Table 9 illustrates an example of how the transcripts were broken down into distinctive themes for further conceptual analysis.

Table 9: Stage two of IPA; Derivation of themes

Transcript	Memos/Codes/Phrases	Themes Derived
<p>Interviewer:</p> <p>If I may ask, how did you feel when you first realized that you were pregnant?</p> <p>Respondent:</p> <p>I did not even know I was pregnant. I was still seeing my menstrual period the first four months, before I realized that I was pregnant.</p>	<p><i>“I didn’t know I was pregnant. I was still seeing my menstrual period the first four months before I realized that I was pregnant”</i>- This suggests that she was unaware of the pregnancy.</p> <p>Is this reflective of poor access to sexual and reproductive health information?</p>	<p>Awareness of pregnancy</p>
<p>Interviewer:</p> <p>So how do you think about the way people talk about teenage pregnancy and motherhood especially in this area?</p> <p>Respondent:</p> <p>People really talk about teenage motherhood badly and they always think that once a teenager gets pregnant, she has destroyed her future. At least, I think that’s what they thought of me</p>	<p><i>People really talk about teenage motherhood badly</i> - The community perceives teenage pregnancy and motherhood as bad. (Stereotype/label?)</p> <p><i>They always think that once a teenager gets pregnant, she has destroyed her future</i>- the use of the word destroy is a strong term?</p> <p>How does teenage pregnancy destroy one’s future?</p> <p><i>At least, I think that’s what they thought of me</i>- is this suggestive of felt or internalised stigma?</p> <p>Why does she think that they would think of her that way?</p>	<p>Experiences of stereotyping</p> <p>Effects of stereotypes: internalised stigma</p>

Stage 3: Searching for connections across emerging themes

The developing themes generated in the second stage were recorded sequentially on paper. After this had been done, I then tried to identify similar links between themes to form groups of interrelated themes. This process of finding patterns between emergent themes is commonly referred to as abstraction (Eatough & Smith, 2008; Larkin et al., 2011). When common emerging themes were put together, I re-ordered them more analytically and further broke up some of the emerging themes into sub-themes. This helped to build a hierarchical relationship between themes and sub-themes. After continuously going through this process, I then created a table of themes, naming each theme and linking it to the originating quotation in the transcript. Table 10 provides an example of this order.

Table 10: Stage three of IPA: Abstraction

Themes	Sub-themes	Quotations
Reaction to news of pregnancy	Young Mother	<i>I was afraid, I did not know what to do, I was very afraid</i>
	Partner	<i>He reacted badly. He told me that this was not the time to get pregnant because he has no work and had just finished secondary school. He said there was nothing he could use to take care of me</i>
	Family	<i>When I told my parents, especially my father, he was not happy because he wanted me to go to school. He wanted me to become a nurse</i>
Circumstances leading to pregnancy	We were in love	<i>You know when there is love, emotions will run high, so we used to do all that stuff together to show love</i>
	Sexual coercion	<i>He forcefully raped me.</i>

During the process of abstraction, many aspects of the transcripts which do not fit within the research aims and objectives may be excluded, thus equally relevant narratives may be lost in

the process. The following reflexive box is an excerpt of the reflexive process I engaged in to resolve my concerns regarding ‘lost data’:

Lost Stories

My supervisors tell me that I have rich data. The problem with rich data is that every story is important. There are so many aspects of the generated transcripts that are so interesting to explore but are outside the scope of my research aims and objectives. What then happens to these stories? Are they lost forever?

I think this is where the concept of data reproduction unveils its importance. With new sets of objectives and aims, each aspect of the transcripts can be re-analysed for future publications. I feel that this is another way of giving voice to the participants, to ensure that every aspect of their story is heard and not just aspects that fit into the interests of the researcher.

-Excerpt from reflective journal, March 2019

Stage 4: Moving to the next transcript

After I had finished the initial three stages for one transcript, I proceeded to the next transcript and repeated the initial three stages. I did this until I completed the initial three stages for all the 34 transcripts from my interviews. Smith & Shinebourne, (2012) posit that it is imperative to analyse each transcript on its qualities to allow new themes to emerge with each transcript. This implies that a researcher should always begin working inductively on every new transcript as this is in accordance with IPA's commitment to idiography (*ibid*). However, Gibbs, (2018) has stated that it is impossible to take an entire ‘clean slate’ approach to data analysis. In my personal experience, I found this to be true as it was constantly challenging not to apply previously generated themes to new transcripts. Hence, in order not to be preoccupied with fitting new data into previously generated themes, I adopted two strategies:

- First, I allowed days (4 days) to pass by before I began to work on a new transcript (Larkin et al., 2012). In this way, I was able to bring in fresh eyes to each transcript.
- Second, I engaged in the process of reflexivity. In this way, I was able to reflect upon my thought processes, reflect upon my understanding of the transcript, and seek out the meanings and implications of certain quotations within the transcripts.

Using the above methods, my analysis for developing themes, codes, and memos was both inductive and practical.

Stage 5: Looking for patterns across transcripts

All the themes identified from the participants in this study were written in a word document and colour-coded to provide a visual representation of theme clusters. After I had created a list of themes, sub-themes, and quotations for each transcript, I had a total number of 20 themes and 80 sub-themes. These themes were then printed and separated on a visual board to facilitate manoeuvring and map out connections between participants. At this stage, connections were often made across sub-themes and new names were given to each new sub-theme that was created or re-grouped.

According to Gibbs (2018), choosing what data to include or discard signifies thorough deliberation in the data analysis process. While I attempted to search for regular themes and drop non-recurring themes, those themes and sub-themes which seemed to have meaningful interpretations were retained. This is consistent with Gibbs (2018)'s suggestion to retain themes that are 'stand alone.' While this did occur, it did not happen at the initial stages of the data analysis but upon subsequent analysis and interpretation of the findings. Looking back, I have concluded that during the initial stages of the analysis, I was more concerned with looking for homogeneous attributes across transcripts and the frequency to which they appeared in the transcripts- a process Smith & Shinebourne, (2012) refer to as numeration, which does not necessarily relate to in-depth analysis.

Another aspect of cross-case analysis in this study involved finding similarities and differences across unmarried teenage mothers' transcripts as well as contradictions within and across the transcripts. The aim of this was to develop themes that were abstract enough to capture shared experiences and understandings among participants while remaining grounded in the idiography of individual experience (Larkin et al., 2011; Shinebourne & Smith, 2011). For example, in the initial analysis of the data, I identified a theme on maternal identity construction. However, it was only when I revisited the themes and looked through the context surrounding the quotations in the transcripts that I began to identify young mothers' contradictory views about motherhood. Thus, based on constant reviewing of themes and transcripts, themes and sub-themes which were intriguing and unexpected were further developed and retained to provide a deeper insight into the understanding of young mothers' experiences. This shows that themes were not only

selected based on their prevalence in the transcripts but also the richness of their contributions (Larkin et al., 2011; Shinebourne & Smith, 2011).

By constantly revisiting the emergent themes alongside the transcripts, I was able to situate themes within the contexts of participants' transcripts and this helped me to improve the richness and interpretation of data. It is imperative to note that whilst the five stages to data analysis using IPA suggest a linear approach, in practice the process was cyclic, iterative, and fluid. At least seven different versions of themes and sub-themes were developed during this process with changes to the structure and titles of themes. Taking into consideration my research aims and objectives, themes and sub-themes were merged to finally produce a total of 4 major themes and 12 sub-themes (see appendix G).

4.9 The thematic dilemma

Capturing the lived experiences of participants in a thematic format can sometimes be challenging as participant experiences often cut across many themes. Thus, most themes overlap and are not mutually exclusive. Additionally, due to the focus on identifying themes across participants' narratives, participants may be presented as cases, making it difficult to maintain a sense of continuity in their accounts (Holloway & Todres, 2003). In the result chapters, I acknowledge these complexities using reflexive boxes and discussions. I also reiterate here that; in the following results chapters, the participants' quotations do not simply describe the individual views of the participants, rather, the quotations are selected as examples of the themes under discussion. Hence, they are not designed to be representative of the sample as a whole.

4.10 Quality Assurance

According to Lincoln et al. (2011, p.120), one of the central roles of the researcher is to prove to their readers that their research findings “*are worth paying attention to*” and “*are worth taking account of*”. In qualitative research, it is expected that the researcher will be immersed in the research and be an active part of the whole research process (*ibid*). For this reason, it would not be appropriate to evaluate qualitative research against the same standards of objectivity and generalization that are expected in quantitative research (*ibid*).

The most suitable technique for evaluating qualitative research has been much deliberated on in methodological literature. IPA has also received criticism because its analysis is subject to the interpretation of the researcher (Eatough & Smith, 2008; Larkin et al., 2011; Smith & Shinebourne, 2012). While it is essential for quality assurance to be evident in the analytical

processes, the research design, and the epistemology, there remains much argument and no consensus over the criterion that best assures quality in qualitative research (Jones et al., 2012). I therefore adopted a number of guidelines from the works of; Holloway and Brown, (2016), Oliver, (2011), Yardley, (2008) Willig, (2008) and Cope, (2014) to achieve quality assurance. The approaches which I adopted were also similar to Smith (2011)'s criteria for achieving quality research when undertaking an IPA study. I followed these guidelines from the beginning of my research and within the data collection, data analysis, and data interpretation stages. These guidelines included: facilitating credibility, establishing rigor, keeping a research journal, owning one's perspective, creating an audit trail, contextualization, peer debriefing, and participant representation.

Yardley (2008) posits that to facilitate credibility, a researcher has to show sensitivity to the context in which the research is being carried out. This involves having a good knowledge and understanding of the theory, relevant literature, culture, and society of the area where the research will take place (*ibid*). To ensure this, I familiarized myself with empirical studies on teenage pregnancy and motherhood in Nigeria and South-Western-Nigeria and considered how this related to my theoretical framework (social constructionism) and research approach (IPA). The socio-cultural contexts of the participants and how this impacted on their experiences of teenage pregnancy and motherhood were also an important part of the study, discussed in the results section (i.e., chapters five to eight). A presentation of the findings from participants' perspectives are also shown in the result's section using verbatim quotes from the participants- this shows the strength of the study in giving voice to the participants according to Smith et al., (2009). In line with the requirements of IPA, the researcher's interpretation of participants' experiences was also presented alongside participant's quotes- this showed the strength of the study in allowing interpretations to be subject to review by the reader (*ibid*).

To establish rigour, Yardley (2008) proposes that researchers should engage in prolonged periods of investigations with the research area under study. This was also achieved through engaging with the literature, undertaking fieldwork, conducting quality interviews, and engaging in data analysis and data interpretation, a period spanning three years. The rationale for every step taken in the research methodology has been highlighted, the process involved in the data analyses has also be made clear and the presentation of the findings of this study, as well as its proposed impacts, has been discussed in the final chapters of this study.

Keeping a research journal during my research was an integral part of quality assurance and was also fundamental to my understanding of the research process and my role in the research process (Cope, 2014). I kept a research journal throughout this research (i.e., fieldwork, literature review, analysis, and interpretation of findings) and I used this to reflect on my place within the research and how this impacted on the research. I also used my research journal to document the decisions made; organise my thoughts, and; take note of my internal discourses where possible. This turned out to be extremely important in my data analysis. In addition to this, I strove to be aware of my role as a researcher in the research process as I engaged in reflexivity and thoroughly analysed my predispositions and my epistemological and ontological stance. This is also known as owning one's perspective and this helped me to achieve rigour in my research (Cope, 2014). The following reflexive box highlights an excerpt of this engagement:

Renegotiating IPA

I think that capturing and presenting the data thematically, and in a way that reflects the depth of participants' experiences has been one of the most difficult processes. I want to tell a story, but I do not want to be descriptive but at the same time, I do not want to be so abstract that the whole picture does not fit together nicely. How do I present the data?

A friend of mine tells me that maybe I should talk to a firm consultant that deals with case-study analysis as they may be helpful. I email a consultant that a colleague recommends, and we set up a date to discuss data presentation. He says the key to achieving a good data analysis is to capture the words of the participants; break each sentence down, line by line and engage with the words of the participants rather than try to fit their quotes into themes. He says that it is this analysis of the words that give life to the story. This is what he calls both descriptive and critical analysis.

If I pay too much attention to the words, wouldn't the study begin to look more like a discourse or content analysis?

In what ways are these analytical processes different from IPA?

Is IPA truly the most appropriate methodological approach to present this work?

-Excerpt from reflective journal, January 2020

Update:

I am choosing to go with IPA. As I have delved deeper into reading about IPA, I can see that language is a central theme to its roots. In a way, IPA can be seen as a "jack of all trades" as it almost fits perfectly into any framework and construct. While this is good, what does the fluidity of IPA imply for methods?

-Excerpt from reflective journal, February 2020

An audit trail was also kept during the research process to document and review decisions made and track the path followed throughout the study. Holloway and Brown (2016) state that keeping records and storing ideas are essential activities to be carried out during the research process. Using an audit trail helped me structure my thinking. It also helped me to record my thoughts,

perceptions, and decisions thus making me accountable for the decisions that I made at each stage of the research.

Cope (2014) posits that a researcher must be able to show that their interpretation of the data represents participants' responses. Although I did not discuss the results of my findings with my participants (as none of them requested copies of transcripts or findings), I ensured that I immersed myself in the transcripts and audio-recordings of the data to confirm that my interpretations represented participants' experiences. According to Oliver (2011), peer debriefing is useful in establishing rigour. During the process of completing this PhD, I deliberated on and discussed my research approach and interpretation of data with other academics such as my supervisors and colleagues. Through these discussions, my biases were brought to light and examined and my basis for interpretations was analysed (Oliver, 2011). For example, in discussing the concept of felt and perceived stigma as described by the participants, I understood the importance of not generalizing beyond my study sample as I had initially tended to do. As a result, the data collection process, analysis, interpretation of data, and subsequent write up of my research was vigorous and robust.

As noted by Willig (2008), researchers need to show situated understanding and hold on to a specific framework within their writing to certify authenticity. This process is known as contextualization. Holloway and Brown (2016) recommend that to accomplish this, researchers need to be aware of the wider setting in which their research occurs (context intelligence) and to likewise be aware of the specific circumstances that influence or determine their research (context sensitivity) (*ibid*). The structures of the introductory chapters in this research utilised the principle of contextualization as it provided a background introduction into the nature of the study globally as well as in Nigeria. In the results section, it also situated the analysis and interpretation of data within participants' socio-cultural contexts and provided a clear storyline of their experiences.

4.11 Researcher role and reflexivity

As discussed in section 4.1 and 4.2, it is important that researchers participate in a critical and reflective process of evaluation and consider how their roles might influence the research (Silverman, 2016). To achieve this, I had a reflexive journal wherein I documented my thoughts, perceptions, and feelings regarding the research process. This has been adapted as reflexive boxes and put in most of the methodological discussions above.

IPA is an interpretive and phenomenological method which requires researcher reflexivity throughout its processes (Alase, 2017). Researchers' reflexivity is a critical component of IPA and this process of reflexivity in co-producing knowledge contrasts with the positivist approach which views the researcher as independent of the research process, in search of an objective truth (*ibid*). IPA believes that gaining insight into the meaning of participants' narratives occur through the researchers' prior conceptions, which may improve or hinder the interpretation of the data (Larkin et al., 2011). It is therefore important that researchers are aware of their roles and make known their positions throughout the research. The following excerpt provides an example of how I engaged in the process of self-evaluation regarding my role as a researcher and my thoughts regarding an emerging theme:

Thoughts on Abortion

Going through my transcripts, it is very clear that my participants were desperate to abort. However, despite the major theme of abortion in this study, I do not think that I explored it in-depth during the initial interviews. The question I ask myself is;

Why did I not delve deep into it, considering that it would have been important for my study?

Was I apprehensive to discuss abortion because of the discourses surrounding it?

Did I unconsciously reinforce abortion-stigma?

Abortion as a theme is important and it is a major factor in understanding participants experiences, especially with this study. As a researcher, my role is to question my bias, my reservations and ensure that I am able to “bracket” them in a way that it does not influence the quality of the research. I will go through the transcripts again to search on desperation for abortion and see if any of the participants will be willing to elucidate further on this.

-Excerpt from reflective journal, April 2019

Update:

One thing I have come to learn in the research process is that oftentimes, something new comes up that we did not integrate into the research aims and objective. What this highlight is the balance between the inductive approach and allowing data to emerge into the awareness of the researcher. Looking at the data again, it is not just the desperation that seems to be coming through. It is sort of like an identity struggle. Participants are trying to reject the identity of a pregnant teenager or a teenage mother because of the consequences that it carries. Participants are using abortion as a way of taking control of their situation, to correct a “mistake”. This is agentic behaviour. It would be good to look at this in light of identity and agency.

-Excerpt from reflective journal, April 2020

According to Holloway and Brown (2016), reflexivity is the careful consideration of how research impacts the researcher and how a researcher's role (in terms of beliefs, positions, and methods) influences the research process. In applying reflexivity to my research, I constantly asked myself some questions posed by Langdridge (2007) which were; “*who am I and how*

might I influence the research?” “How will my subject position influence the analysis?” “How will my findings impact on my discipline and my career in it”.

To answer the first question “*who am I and how might I influence the research?*”, I will start by giving a brief explanation of my research journey up until this moment. When I first started my research, I was very much interested in preventing the occurrence of teenage pregnancy and motherhood in Nigeria. I had researched this effect during my master’s program, and I was interested in following it through during my PhD. However, upon reading more literature reviews, particularly on what had been done on teenage pregnancy and motherhood in high-income settings, I realized that perspectives regarding teenage pregnancy and motherhood were changing but there were still gaps in knowledge regarding research that had been carried out in sub-Saharan Africa on the subject matter.

As a result, I began to challenge my thinking of teenage pregnancy and motherhood. Challenging this thinking was further reinforced by my supervisors as they introduced me to texts such as: *Teenage Pregnancy* by Lisa Arai (Arai, 2009a), *Surviving Teenage Motherhood* by Helen Stapleton (Stapleton, 2010), *Adolescence, Pregnancy, and Abortion: Constructing a threat of degeneration* by Catriona Macleod (Macleod, 2011). This then made me interested in understanding and exploring the lived experiences of teenage pregnancy and motherhood among unmarried teenage mothers in Nigeria. To do this, I adopted an interpretivist approach which captured young mothers’ experiences while also allowing me to interpret their accounts with regards to how they were being presented in the society. Hence, I believe that having gone through a transition from categorizing unmarried teenage mothers as social problems to wanting to understand their lived experiences, my influence on the research will be to give voice to underrepresented young mothers in Nigeria.

To answer the second question “*How will my subject position influence the analysis?*” I will take this approach from an insider and outsider perspective. According to Griffith, (1998), an insider can be defined as an individual “*whose biography (such as race, gender, tribe) gives them a lived familiarity with the group being researched.*” (p.361). Being a female and having come from the same culture and tribe as my participants, I had a fair understanding of the cultural expectations of our gender (as females). Hence, I was familiar with the socio-cultural backgrounds of the participants of my study. During the fieldwork process, my insider status enabled me to form friendships with the locals in the area (as we spoke the same native language) and this afforded me the ease of accessing and approaching gatekeepers, and

unmarried young mothers for recruitment. Because my study was conducted in a rural area, many of the participants only spoke the local language. Again, my insider status was also useful here as I was able to build rapport and conduct interviews in the local language because I could also speak it myself. Based on this, my insider status was useful in gaining access to relevant information for the research process.

Although I assumed that others would see me as an insider because of my cultural similarities, this was not always the case. For example, my educational and researcher status were not identities that were shared with my participants. In this way, I also assumed the role of an outsider. During my fieldwork, I often wondered if unmarried teenage mothers would be willing to talk to me, a young female researcher, about their personal life experiences. This was because unmarried teenage mothers, due to their early pregnancy and motherhood are constantly under the investigation of healthcare professionals and researchers who want to scrutinize and describe their lives in terms of 'risks' and 'negative outcomes' for both mother and child. It therefore occurred to me that being a researcher myself, if I approached women to participate in this study, they may perceive my study as another form of negative scrutiny.

Hence, to help minimize the risk of eliciting this reaction, it was emphasized both verbally, in the publicity leaflets, information sheets, and in subsequent discussions, that my study was an opportunity to allow them to tell their stories and give a voice to unmarried teenage mothers in their area. Nevertheless, the concept of insider vs outsider were not necessarily binary opposites but a continuum, dependent on each study participants. Also, not being a teenage mother meant that I could not fully empathize with the identities of young mothers. While this can be seen as a limitation of being an outsider, I consider this as an advantage because it gave participants the opportunity to be experts in telling me about their lived experiences. This helped to build rapport and also give power to the participants in controlling the narration of their stories.

One major thing I initially forgot to consider in response to the above question was how the research impacted me. According to Hubbard et al. (2001);

Through encounters and experiences in the field, a researcher may also reflect on their personal lives and situations and this may induce reflections about their sense of self (p.121).

In conducting my research, I began to realize that some of the narratives made me begin to question things about myself. For example, it made me begin to consider what my life would be

like if I had become pregnant as a teenager? It also made me think about my parents' reaction if I had become pregnant young. In addition to this, I also became concerned about some of my participants, especially those who were in abusive situations and I began to wonder if I had done enough and if there was still more to do. To address these issues, I had conversations and supports from my supervisory team which helped me navigate through these processes.

To answer the third question "*How will my findings impact on my discipline and my career in it?*", I believe that conducting this research will challenge predominant perspectives on unmarried teenage motherhood in Nigeria by providing us with insights into situations and experiences that we have not been previously attentive to.

4.12 Conclusion

While it is imperative to situate research in the context of existing empirical research findings, it is also important to examine its epistemological and theoretical frameworks and how these relate to its proposed methods. This chapter outlined the philosophical and theoretical underpinnings of this research, and how this informed the research approach of this study. It also presented the research processes adopted in this study, the rationale for the study participants and the ethical considerations carried out. To generate rich data from the participants, this study combined the use of visual methods (i.e., photo-elicitation methods) with semi-structured interviews. In line with social constructionist perspectives, the combination of these research methods allowed for an in-depth exploration of the complexities embedded in the lived experiences of unmarried young mothers.

In this chapter, I also reflected on some of the challenges that I encountered as a result of the choice of methods used (such as the photo-elicitation method). The data management process, the data analysis as well as my reflections on the method used were also discussed. The narratives that unfold in chapters five to eight demonstrate how teenage pregnancy and motherhood is constructed in South-Western Nigeria and how this impact on the lived experiences and quality of life of unmarried young mothers. I now move on to present the findings from the data analysis in the following chapters.

Chapter Five

5 Socio-cultural factors and patterns of teenage pregnancy and motherhood

The aim of this chapter is to introduce the empirical findings of this study within the selected theoretical and analytical framework. Since this study was conducted in line with social constructionist perspectives, using IPA, this chapter will present and discuss the cultural and social contexts of the participants. It will do this by drawing on secondary literature as well as analysing how the context was understood and expressed by young mothers and key informants. In this chapter, as well as subsequent chapters, the term society will be used to refer to South-Western Nigeria where this research was conducted.

This chapter will also explore the social factors (such as economic inequalities, sexual coercion, parental neglect) which appeared to predispose these young women to early pregnancy and motherhood and situate it (i.e., social factors) within the prevalent discourses regarding the gendered expectations of female sexuality.

To guide the reader, I restate the research question particularly relevant to this chapter:

- What are the prevailing socio-cultural factors contributing to unmarried teenage pregnancy and motherhood within the study setting?

To address this research question, this chapter will begin by discussing the social construction of female sexuality in South-Western Nigeria. Thereafter, the impacts of these social constructions on female's access to sexual and reproductive health (SRH) information and services will be discussed. Finally, this chapter will conclude by exploring the social factors which increased the vulnerability of the study participants (i.e., unmarried young women) to early pregnancy and motherhood.

5.1 The social construction of female sexuality in South-Western Nigeria

The expression of sexuality means different things in different cultures (Stevens, 2014). Hence, the perceptions that people have of sex is embedded in the cultural norms and social meanings attached to sexual activities (*ibid*). In many societies, there exists social norms and expectations which govern sexual behaviour (Marcus et al., 2015). This suggests that sexual behaviours are underlined by “*social scripts*” which are learnt and carried out by individuals within a specific social setting (*ibid*, p.20).

While the concept of sexuality is socially constructed (Matswetu & Bhana, 2018), it is also highly gendered. Thus, gender affects how people define and perceive sexuality for men and women (*ibid*). This implies that males and females experience and express their sexuality differently (Stevens, 2014). The cultural connotations surrounding female sexuality in South-Western Nigeria, the meanings attached to it and the impact of these on young women's agency, sexual autonomy and access to comprehensive sex education are all important and will be discussed next.

5.1.1 The virginity fixation

Findings from this study suggested that there was a preoccupation on sexual purity for females as their virginities were seen as badges of honour and a definition of their worth. This view was expressed by key informants in this study:

In Yorubaland, you are supposed to remain a virgin until marriage. When your husband meets you as a virgin, you bring honour to your family. You will be respected because you are valuable but when a girl starts sleeping around, it is a bad omen for the family of the girl because she has brought shame to the family.

Marcy, Women Community Leader

According to Harper et al., (2018), socially constructed beliefs about femininity in many cultures encourage a morality that disapproves of engagement in sexual activities for females. As such, gendered norms surround the expression of feminine sexuality across these cultures (*ibid*). In South-Western Nigeria, women are expected to uphold the moral values of the society by remaining virgins until marriage (Familusi, 2012). This is seen in the above quotation in which sexual restraint is seen as a positive female attribute. By stating that a woman brings shame to her family when she is no longer a virgin, Marcy emphasizes the importance of virginity as central to a woman's identity and suggests that females can damage the reputation of their families through the 'wrong use' of their sexuality (by 'sleeping around'). This highlights the restrictions in sexual autonomy which young women in South-Western Nigeria experience because society seeks to determine when they have sex (within the confines of marriage) and who they have sex with (their husbands only).

Because this particular society places premium value on female virginity, teenage pregnancy and motherhood is considered a taboo (Familusi, 2012). Therefore, society has a preset order

which female teenagers must follow in order to uphold the standard of the society which is to: go to school; remain chaste until marriage and; have children after marriage (*ibid*). To demonstrate the popularity of this societal set-order among community members, Regina, a Teacher in one of the secondary schools said:

Our culture does not support teenage pregnancy. It is unacceptable. Yoruba people believe that before you can have a baby, you must be legally and traditionally married. There is a time for everything in our culture. At that age, you are supposed to be in school and be facing your studies. You are supposed to be a virgin until you marry, so it is going to be a total fight; you will see friends, brothers, parents, church leaders, teachers and school authorities, everybody reacting because it is unexpected behaviour.

Regina, Teacher

According to the key informants, the reason why a pregnant teenager would experience ‘*total fight*’ is because she has done something ‘*terrible*’ by becoming sexually active at an ‘*inappropriate*’ age. Hence, teenage pregnancy and motherhood is frowned upon and stigmatised (this will be discussed in detail in chapter six) because it is considered an act of deviance against the socio-cultural values and norms of society. Marcy expatiates further:

When all these girls get pregnant, people mock them because they did not wait for their time [by remaining virgins until marriage]. They have sold themselves for nothing, they have sold themselves cheap. They jumped the gun, and you don’t jump the gun because Yoruba [main ethnic group of the study] culture believes that what you are supposed to wait to eat [eat here refers to engaging in sex], you don’t rush and start eating it.

Marcy, Women community leader

Underlying Marcy’s excerpt ‘*they have sold themselves for nothing, they have sold themselves cheap*’ is the traditional concept of bride price where a female who is a virgin attracts a higher bride price than one who is not (Case, 2016). In Nigeria, virginity is often used as a bargaining tool to receive honour and more gifts by members of the bride’s family (Familusi, 2012). A woman who remains a virgin until marriage is seen as good and carries a high social value (*ibid*). Hence, when a girl gets pregnant before marriage, she is believed to have sold herself cheap because her dignity is reduced (Case, 2016). Virginity is therefore seen as a commodity which depreciates the social and monetary value of a woman once it is lost (Bhana, 2017).

Due to this society's emphasis on the moral value of females, a woman who has a child out of wedlock is seen as having low morals and is often referred to as 'after one':

In Nigeria, they [men] prefer ladies who are virgins and haven't given birth before. So, if a lady has given birth before, she is no longer new, somebody has touched her. They will use the word "after one" because she has a baby already, so she is automatically a single mother. It is believed that nobody would want to marry a single mother in Yoruba land, so marriage would be halted.

Beth, Nurse

That stigmatisation is going to be there, anybody that sees that lady who has been pregnant before would not want to marry her as a wife, she is now second-hand... As a man, you don't want to be married to a person that has a child and nobody prays for that. Even the parents of the man will not accept her because she is after one.

Tunde, Chief

As highlighted in the above quotations, the consequences of not remaining a virgin until marriage are negative repercussions for the young women that worsen if she gets pregnant and becomes a mother. From the above narrations, it is evident that men in South-Western Nigeria may not want to marry single mothers because of the societal impression that her value is diminished. This supports findings from other studies in Nigeria which state that a woman's loss of virginity reduces her marriage chances (Familusi, 2012; Omobola, 2013). Young women who are no longer virgins and who then compound their situations by becoming mothers may face more marginalisation and stigmatisation because their non-virgin status becomes visible to the public. By using phrases such as '*she is no longer new*' and '*she is now second-hand*', the key informants' accounts highlight how virginity rules the sexual identities of women. Thus, the notion that non-virgins are '*second-hand*' because they have allowed other men to 'defile' them echoes Collin's (1971) study on the history of sexual stratification among males and females in the United States which notes that "*a woman's virginity is the property of the men around her*" (p.5).

By constructing a woman's identity around her virginity, gender ideologies have been put in place which praise young women for repressing and punishes them for expressing their sexualities. Hence, it can be implied that the female gender in South-Western Nigeria has no right to her body and control or say over her sexuality. It would therefore not be unexpected for

participants in this study to have experienced discrimination as a result of their status as unmarried young mothers (this will be discussed in more detail in chapter six).

5.1.2 But boys will be boys

Males receive less castigation for engaging in pre-marital sex as these activities are often seen as ‘normal’ and ‘part of exploring’ for them. Evident in key informant’s interviews were support for males to be sexually experienced:

It is normal for boys to do things like that [have sex] but girls are not supposed to be engaging in things like that. If a girl is doing things like that nobody will be happy, everyone will complain because it is not ladylike, a girl should be virtuous but for boys, people will hardly complain.

Esther, female chief

From the above quotation, it can be seen how whilst social norms draw on the notion of virginity to limit the sexual experience of females, male teenagers are given the freedom to be sexually active. This therefore highlights the gendered double standards in the conceptualization of sex. Furthermore, this study also noted that the obligation of preserving and resisting sexual advances are seen as largely the responsibilities of the females. Tunde describes these gendered expectations below:

They [Parents] should teach them [female teenagers] to cover their bodies, they should not show their bodies because when they show their bodies, they are telling the men that they are available [for sexual activities], that’s what you are trying to tell them. You tell them; “make sure you cover yourself well when you are sleeping”, “when you’re in the midst of men this is how you sit.” They should not entice the boys and get pregnant.

Tunde, Male chief

From the above narrative, men are absolved of the responsibility of upholding moral values as their sexual drives are presented as uncontrollable and girls are urged to avoid situations that can trigger it. This is consistent with other findings conducted in South Africa and the United Kingdom which show how different societies expect women to take responsibility for protecting themselves from sexual advances and the sexual pressures of men (Matswetu & Bhana, 2018; Stapleton, 2010). By making women responsible for upholding morality, society thus

reproduces traditional gender norms which exert sexual double standards of unequal gender relations between males and females by supporting male dominance over the control of women's sexuality (Izugbara, 2004; Smith et al., 2016).

The above section has discussed the socio-cultural perception regarding female sexuality in this study. Further analysis of participants' understandings of these cultural perceptions suggests how they impact on the SRH of young women within this study. This will be discussed next.

5.1.3 Sex is meant for adults

The existing beliefs on chastity play a central role in shaping the attitude and openness of community institutions towards educating teenagers about sex or making contraception available to them. This is expressed in the key informant interviews of Becca, a community health worker and Ahmed, an Islamic cleric:

Sex education is needed for female teenagers however this is not to say we should now be giving them contraceptives or family planning, no, no, no, they are too young for that. They should just be educated on the outcome of sex. Tell them to abstain from sex and that if they have sex, they will get pregnant, "If any guy touches you, you will get pregnant, you understand?" We can't give young girls contraceptives. No, they are not yet ready. We are talking about teens, we are talking about secondary school people, they are not mature enough. Let them abstain and face their studies.

Becca, Community health worker

All they [female teenagers] need to know is that abstinence is the key. They don't need to know more than that. If you tell them too much, they will go and start experimenting... Is sex food? Sex is not good for them, it's not healthy for them now.

Ahmed, Muslim cleric

Norms and values are powerful forces which influence how society prioritizes and interprets social concepts (Harper et al., 2018). As discussed in the previous section, in South-Western Nigeria, the dominant culture places premium value on the preservation of female virginity (Familusi, 2012; Omobola, 2013). Thus, as highlighted in the above quotations, due to cultural perspectives on female adolescent sexuality, there is a generally negative perception towards the provision of sex education for female teenagers. This is because it is believed that providing

them with comprehensive sex education would encourage promiscuity amongst them. Hence, sex education is believed to be best taught from the cultural and moral perspective of abstinence.

In Becca's account, she uses the phrase '*If any guy touches you, you will get pregnant*' as a means of explaining how female teenagers should be educated about sex. Here, the sex education seen to be given to young women is inaccurate and misleading as mere touch cannot result in pregnancy. Also, underlining this phrase is the presentation of pregnancy as a consequence of early sexual activity rather than as a consequence of lack of contraceptive use. Thus, by instilling fears of 'sudden pregnancies' on females as a result of interaction with the male gender, the community attempts to construct sexual activity between teenagers as a risky act. While this may help in upholding socio-cultural moral values and in delaying sexual initiation, it can have significant impacts on young women's knowledge of their SRH and future attitudes to SRH services.

Furthermore, the narratives of Becca and Ahmed shows how the community exercises social control on females by reinforcing condemnations of sexual behaviours and limiting the information that they are exposed to on issues related to their sexual and reproductive health. Thus, participants in this study experienced a systematic denial of access to sexual and reproductive health education and services, both at the family, school, religious and community levels. For instance, Kike who was in her final year in senior secondary school at the time she became pregnant, said:

They [church] never really said anything about it. All they said was sex is not good, abstain, abstain. In school, they will tell us not to bring shame to our parents by getting pregnant, they said if we engage in sex, it is a thing of shame so we should abstain. My mother too used to tell me not to have sex, but I couldn't ask about details because talking about sex was a no-go area. So, I only knew what I was told.

Kike (pregnant at 16 years, interviewed at 20 years)

By telling unmarried females not to bring shame to their parents by getting pregnant, discourses about sex are constructed more as warnings to deter female teenagers from engaging in sex rather than as means of providing useful and helpful information. This also highlights the skewed gender perspectives surrounding sexual discourses because female sexual desire is seen as inappropriate as engaging in sex is associated with shame for them. This implies that societal

concerns regarding sexuality are geared towards ensuring morality rather than empowering girls to make informed sexual health choices.

While Kike had a little exposure to sex education, Dupe who was in junior secondary school stated that she never received any form of sex education because she was considered too young to be taught about it:

They only talked about it to those in SS2 [senior secondary school year two] and SS3 [senior secondary school year three]. They did not teach us anything because we were too young then and I could not ask anybody about it because it was a no-go area. It's not something you are supposed to be talking about.

Dupe (pregnant at 16 years, interviewed at 19 years)

Here, the repressive discourse surrounding sex education is evident. By using phrases such as 'sex is a no-go area' and 'it's not something you are supposed to be talking about', participants described being unable to discuss sex with parents or community members. Furthermore, because sex discussions are shrouded in secrecy (Odo et al., 2018) when participants tried to question or ask for clarity on the content of the sex education that they are being given, they were often met with negative reprimands. This enforced a culture of silence regarding sexual matters amongst female adolescents. This suggests that female teenagers are not being provided with enabling environments to discuss issues relating to their sexual and reproductive health.

The consequences of these are far reaching. For example, Tanwa, whose unprotected sexual encounters led to an unintended pregnancy, wished that she had been informed about the implications of sexual intercourse and how to protect herself from an unwanted pregnancy before becoming intimate:

I didn't know my way around it because I was not taught about it, I just thought I was showing love. If I had known my way around sex and what sexual relationships could turn out to, I would have done something about it, probably prevent the pregnancy.

Tanwa (pregnant at 15 years, interviewed at 30 years)

Hence, while some studies have depicted early pregnancy and childbearing as an expression of increased agency wherein individuals' rebel against societal norms and take control of their reproductive health (Macutkiewicz & MacBeth, 2017; Fessler, 2008), findings from this study

suggest that in this locality, teenage pregnancy and motherhood is largely a consequence of young women's limited access to comprehensive sex education.

5.1.4 We did not do our part, but we'll blame you

Despite these obvious limitations to sexual and reproductive health information and services, community members did not see these restrictions as contributing in any way towards unintended pregnancies. Rather, they blamed female teenagers for deviating from the moral standards of the society by engaging in sex:

You can't blame the institutions, you can only blame the girl, the society has said abstain, so the wise thing to do is just to completely abstain. If a girl gets pregnant, she committed herself to get there and she has herself more to blame. She is the cause of her predicament.

John, Priest

From John's narrative, the blame is put on the female for becoming pregnant. Further analysis of key informants' narratives showed that there seemed to be a strong theme of punishment and blame for female teenagers who get pregnant. These themes were stronger across religious leader's narratives. For instance, Mohammed stated:

It is unacceptable. If a girl gets pregnant, she needs to be punished. In Islam, she will be beaten...let me tell you the bitter truth, if we do not beat them, punish them, others will begin to do the same. The beating is a lesson to others that when the society says abstain, you abstain.

Mohammed, Muslim cleric

This shows how the community is absolved from the blame of early pregnancy and motherhood and seeks to punish girls for acting out of ignorance. Additionally, this shows the rigid stance of society on repressing young women's expression of their sexualities and enforcing abstinence as the only form of sex education. By blaming the girl for not abstaining, society fails to take into consideration other factors which might make abstinence difficult or which might limit female teenagers' abilities to delay sexual initiation. The social factors that influence early sexual initiation amongst female teenagers will be discussed next.

5.2 Engaging in sex and getting pregnant: intentional or circumstantial?

From previous discussions, I have shown that societal discourses around sex often focus on managing female adolescent sexual behaviour. However, findings from the analysis of participant's interviews show that most of the factors which predispose female teenagers to early sexual initiation and early pregnancy may be beyond their individual control. In addition to limited access to SRH services and information, when discussing the context of their early pregnancies' participants spoke of factors such as gender power dynamics, parental neglect, economic inequalities and sexual coercion. These will be discussed further below:

5.2.1 I did not know I could get pregnant

As indicated by Tanwa in section 5.1.3, because female teenagers were not properly educated about sex, they often expressed ignorance on issues relating to their sexual and reproductive health. As a result, a majority of the participants had explored sexual intimacy without fully being aware of its implications. In her account, Bose states:

I was just wondering; is this how people get pregnant? Because it [sex] only happened once. I never knew that a singular experience (of sex) could lead to a pregnancy.

Bose (pregnant at 15 years, interviewed at 30 years)

Although Bose states that her first sexual encounter led to her pregnancy, it is possible that this may not be the case due to inconsistencies in the presentation of her story. For instance, she previously narrated to me how her boyfriend was her lover and that '*they used to have sex together.*' But as the interview progressed, she maintained that she only had sex with him once and this led to her pregnancy. There were also inconsistencies regarding sexual encounters and the occurrence of pregnancies among other participants' stories. For example, when Dunni was asked several questions about the circumstances leading to her pregnancy, she stated at different times in the interview:

I was very innocent, I did not even know anything about sex, I was always facing my books...

I had this boyfriend and we used to have sex, you know that two people can't be together and not have sex...

It was the first time that I had sex that I got pregnant, if I had known about condoms, we would have used them...

We used condoms whenever he buys them but not all the time.

Dunni (pregnant at 16 years, interviewed at 21 years)

From quotes across Dunni's narrative, the inconsistencies in her story are evident. This made me think about the concept of truth and how participants construct their stories. The following excerpt provides an example of how I reflected on this concept of truth:

The concept of Truth

In analysing the data gathered for this study, one thing I noticed was the inconsistencies in the way some participants presented their stories, particularly regarding sexual relationships. To me, it seems like sometimes, participants construct a story of their life experiences rather than present the actual 'truth'. Upon reflection, my interpretation of these scenarios is that young women try to construct a narrative of innocence that shows that their pregnancies were not their fault.

It can thus be implied that to guard themselves against stigma, participants try to use 'socially fitting' explanations to describe the occurrence of their pregnancies. On one hand, this shows the pressure on young women in this study to portray themselves as sexually innocent due to socio-cultural expectations of their gender (which suggests that they should be sexually restraint). Additionally, this also shows how participants internalise gendered societal expectations of morality.

Although the inconsistencies in participants' stories are more evident in their narrations of sexual relationships, it is important to acknowledge that these inconsistencies are a more general issue throughout the research and would be true for some other themes. While this may be seen as a limitation of qualitative interviewing regarding the subjective nature of truth, the aim of this analysis is not to verify the truth of participants narratives, rather, it is to understand and explore how they present themselves in an acceptable light within the society.

-Excerpt from reflective journal, September 2020

Nevertheless, despite these inconsistencies on issues surrounding the occurrence of their pregnancies, it is imperative to note that participants were constrained in their abilities to prevent themselves from an unplanned pregnancy due to their limited knowledge of their SRH. This is

drawn from their narratives which show that while participants were inconsistent with their narratives of sexual activity and use of contraception, they were clear on the fact that their pregnancies were unplanned and that they were ignorant on how to prevent an unintended pregnancy.

Furthermore, evident in the narratives and across participants accounts is the poor knowledge regarding signs of pregnancy. In this study, it was noted that many participants had inaccurate knowledge of the signs of early pregnancy. As a result, most of the young women in this study were in their third or fourth month of gestation before they realized that they were pregnant. Participants stated that they thought that the symptoms they were experiencing were due to ‘*malaria*’, and they attributed bodily and physical changes to ‘*puberty*.’ For instance, Tade said that she was not aware that she was pregnant until about the sixth month of her gestation due to her poor knowledge of SRH:

I did not know that I could get pregnant just like that, so I did not even know that I was pregnant. I noticed that something was turning in my tummy, I noticed that something was moving but I wasn't really sure what it was. I did not see my period, but I just thought it skipped. Even all my friends, they asked me that my stomach has become big, but I didn't really understand what was happening because it had never happened to me before. I did not know that that's how people get pregnant. It was totally unplanned for. It was later on that I discovered that I was pregnant because something kept moving inside me. I was like 6 months pregnant already then.

Tade (pregnant at 15 years, interviewed at 18 years)

While the society ascribes value to the concept of virginity, it is apparent that the current approach to discourage female teenagers from engaging in sexual activities (which include denial of access to comprehensive sex education) may be limiting their autonomy.

5.2.2 Gendered power imbalances

A way in which gendered power imbalances was evident in this study centred around negotiating contraceptive use. In this study, a few young mothers (six out of the twenty-four) noted that they knew about contraception but felt embarrassed to discuss it with their partners. As such, they often waited for their partners to initiate the conversation. However, they also maintained that they were not aware of the risk of becoming pregnant:

I was very shy to talk about condoms to him because I didn't want him to think I was a bad girl, so I was waiting for him to talk about it...the day we spoke about it, he said he didn't like using condoms because it doesn't make him enjoy sex, but I never knew I could get pregnant so fast like that. If I had known, maybe I would have used all those morning-after pills that my friends used to talk about.

Kike (pregnant at 16 years, interviewed at 20 years)

From the above narrations, while participants may have had little knowledge of certain forms of contraception, findings from this study show that there are certain barriers which affect young women's engagement in safe sex. First, from Kike's narrative, the expression of male low sexual satisfaction from the use of condoms has been well documented in literature (Kanda & Mash, 2018; Ostergren et al., 2011). Male reluctance to use condoms may be because men see condoms as a barrier to their sexual pleasure (*ibid*). By using condoms only at the preference of their partners, participants in this study demonstrate how male dominance regarding contraceptive use is exerted within sexual relationships whether it is intentional or not. The practice of blaming female teenagers for unintended pregnancy therefore fails to take into consideration the influence exerted by their male partners during sexual encounters.

Second, as seen in Kike's narrative, young women rely on their partners to make decisions regarding contraceptive use because simply talking about contraceptives as a female can portray them as '*bad girls*'. This is consistent with findings from other studies which show that young women who take the initiative to negotiate condom use can be perceived as promiscuous (Kyilleh et al., 2018). Therefore, the use of contraception is sometimes left at the discretion of the male partner. This act of transferring the responsibility of safe sex to male partners has been documented in academic texts in Nigeria (see Ajayi et al., 2019; Ayoola et al., 2014). The above quotations thus suggest that while participants may be aware of contraceptives, their internalisation of the societal expectations regarding their gender can impact on their ability to advocate for themselves during sexual encounters. Although participants experienced difficulties in exercising reproductive choices during sexual intimacy, the above narratives also show that young women are limited in exercising agency over their reproduction due to limited access to SRH information and services. This is evident in Kike's account which suggests that she would have tried to use emergency contraceptives if she was aware that she could have gotten pregnant '*so fast*'.

5.2.3 Poor family support

Some of the participants in this study noted that their development of relationships with their partners was influenced by the dysfunctionalities in their family structure. For instance, Ola whose mother remarried and left her in the custody of a neighbour, described how she struggled with feelings of abandonment and how her search for care and affection played a role in her early sexual engagement and pregnancy:

My parents divorced when I was six and my mother's new husband told her that he can't take care of another man's child if she would want them to live together and so my mother left me with one of our neighbours that we were living with. This made me feel abandoned and so I was always looking for someone that would love me. I met one guy who said that he liked me and wanted to date me. He pretended to love me, and I had never been loved like that before. It was not long after that we started to have sex and that was how I got pregnant.

Ola (pregnant at 17 years, interviewed at 20 years)

Likewise, Anu also explained how lack of parental support from her 'harsh' stepmother and "uncaring" father persuaded her to explore external attention and love from a male partner:

I had no mother and so my father married another woman who became my stepmother. My stepmother was very harsh, she would tell me to hawk on the street and would only offer me food once in a day. My father never acted like he cared about me, so when I had the opportunity to meet someone who said he liked me and loved me, I fell for him and that was how we started sleeping with each other... it wasn't my intention to get pregnant, if my stepmother did well and my father loved me, I don't think that I would ever have gotten pregnant.

Anu (pregnant at 15 years, interviewed at 20 years)

While Anu and Ola detail how feelings of abandonment led to early engagement in sex and pregnancy, Lola who used to hawk (sell goods on the street) for her mother after school, explained how her mother's harsh treatments whenever she failed to meet up with daily target sales exposed her to early sexual initiation and pregnancy:

Whenever my mother sends me to hawk, she will give me a target of how much I must make and whenever I don't meet up, she will beat me. Eventually, I found this guy that

was always buying plenty things from me whenever I hawk. He said he liked me, and he will help me sell all my goods to his friends. Because he acted like he cared, I began to sleep with him and that was how I got pregnant.

Lola (pregnant at 17 years, interviewed at 20 years)

Ola, Anu and Lola's quotations indicate how lack of parental care and support can prompt early sexual initiation and early pregnancy. This is also consistent with studies conducted in other societies (such as South Africa, Mexico, United States) which have shown that poor family relationships, disruptions in family structure (such as divorce), lack of parental care and unstable parent-child relationships can predispose female teenagers to early pregnancy and childbearing (Mmari et al., 2016; Sámano et al., 2017; Spengane, 2015).

5.2.4 Economic inequalities: the sugar-daddy phenomenon

Some participants in this study reported being economically disadvantaged and therefore dependent on their partners. While this may be partially true of Lola in the preceding paragraph (see section 5.2.3), her narrative differs in that her sexual relationship was not 'transactional' as the narratives of the young mothers in this section will show. Nevertheless, this highlights the fluid nature of participants' narratives and shows the complexity involved in trying to put individuals into categories/themes due to overlaps.

For some participants in this study, they noted that they often depended on their partners for personal upkeep and educational related expenses such as: fees and school supplies. These participants noted that because they depended on their partners for financial support, their abilities to delay sexual initiation were significantly suppressed. Tade explains it this way:

It was not love that caused this. Life was somehow hard because I lived with my aunty. When I am going to school, she wouldn't give me money and sometimes, maybe I need some things to finance myself in school like textbook, she would tell me that she didn't have money. Later on, I saw someone who promised to do everything for me. So, we started dating but he wanted sex. I was a virgin, I didn't want to do it, but I didn't have any choice, I just had to do it.

Tade (pregnant at 15 years, interviewed at 18 years)

Rather than follow her desires of not wanting to have sex, Tade yielded to the demands of her partner. From Tade's narrative, the power imbalance which is characteristic of sexual exploitation is evident. Due to her financial dependence on her partner, he takes advantage of her vulnerability by exercising control over her sexual preferences. This pattern of agreeing to sex in exchange for financial benefits was common among participants in this study who were financially dependent on their partners.

Furthermore, these young women also noted difficulties in negotiating safe sex for fear that their financial support might be withdrawn. This highlights the gendered unequal power relations which exist in sexually exploitative relationships. This inability to negotiate safe sex was noted by participants as the circumstances that led to their pregnancies. For example, while Tade and Sayo wanted to practice safe sex, they were afraid of discussing the use of condoms with their partners because they did not want to displease them and risk losing their financial aid. Hence, the use of condoms was left at the discretion of their male partners:

Sometimes he will use condoms and sometimes he wouldn't, but I couldn't withdraw from it (having sex) because I wouldn't get what I wanted. So, there's nothing I could do, I just had to give him what he wanted, how he wanted it.

Tade (pregnant at 15 years, interviewed at 18 years)

I did not want to offend him by asking him to wear a condom. He was catering for me and my siblings, so I just felt that I should do what pleases him. My parents were dead, and I really needed help, so I just had to do it like that.

Sayo (pregnant at 15 years, interviewed at 20 years)

In Tade and Sayo's narratives, it can be seen how their economic situations made them vulnerable to exploitation by their partners and limited their bargaining power in negotiating safe sex. This implies that young women's lack of economic power plays a significant role in predisposing them to sexual exploitation, early sexual initiation and early pregnancy (Ajayi & Somefun, 2019).

5.2.5 Sexual coercion

Sexual coercion is the use of pressure (verbal or physical), drugs or alcohol to forcefully have sexual contact with someone against their will (WHO, 2017). It also involves continuous sexual

advances to someone who has repeatedly declined sexual intimacy (Kalra & Bhugra, 2013). In this study, a few participants reported being sexually coerced and cited it as the main factor that led to their pregnancies. For example, Tanwa who became pregnant at the age of 15 years was pressured into having sexual intercourse by her boyfriend:

He was always pressuring me for sex. So, there was this fateful day when my parents were not around, I was alone in the house and I went to visit him. During the visitation, one thing led to another, I didn't want to do it because I was a virgin, but he kept pressuring me. He said everyone is doing it and if I loved him I would do it. Then he started getting angry when I was refusing. I really did not know what to do or how to handle it, so I gave in. We slept with each other that day and thereafter I discovered that I was pregnant.

Tanwa (pregnant at 15 years, interviewed at 30 years)

In Nigeria, because males are more at liberty to play active roles in pursuing sex (Smith et al., 2016), it is not uncommon that females are sometimes coerced into sex by their male partners. Tanwa's narrative gives an example of the act of sexual intercourse as not completely consensual. Due to different expectations regarding male and female sexual behaviour and expression, females are culturally expected to be passive on issues regarding sex (Izugbara, 2008). As such, many participants in this study found it hard to resist their male partners in difficult situations such as in cases of negotiating sexual encounters. While Tanwa was pressurized into having sex by her boyfriend, Tutu and Titi reported having no control over getting pregnant as they were raped by their partners:

When I was going to school, I had a boyfriend. He always wanted sex, but I used to deny him. One day he told me to come and visit him at home, so I went to greet him and suddenly he locked the door of his room and raised the volume of the speakers and he forcefully raped me. This led to my pregnancy.

Tutu (pregnant at 15 years, interviewed at 27 years)

When my mother could not send me to school again, I then decided to work as a caterer. That was where I met the boy and he said he wanted to date me. He always wanted to sleep with me, but I did not agree. One day, I went to his house but whether he put something in my drink, I do not understand. I just know that I drank the drink that he

gave me when I was in his house and by the time I woke up, I realized that he had slept with me.

Titi (pregnant at 16 years, interviewed at 20 years)

In these narratives, rape occurred after participants refusal of sex. This highlights the access that men feel they can have to women's bodies due to the unequal power balance allocated to them by the patriarchal nature of the society (Izugbara, 2008). Although rape is a criminal offence and is punishable by law in Nigeria (Olatunji, 2012), Tutu and Titi concealed their experiences for fear of being rebuked for having boyfriends at a young age:

I made sure nobody knew about it. I did not tell anyone because I would have been beaten for going to my boyfriend's house alone, I was not even supposed to have a boyfriend then, I was too young to have a boyfriend, so I had to keep it a secret.

Titi (pregnant at 16 years, interviewed at 20 years)

I did not tell anyone about it because everyone will insult me and say that why did I have a boyfriend or why did I go to his house alone or they might even think I was lying against him.

Tutu (pregnant at 15 years, interviewed at 27 years)

This behaviour mirrors the silent culture of rape in Nigeria (Folayan et al., 2014). Evident in Titi and Tutu's narratives were their unwillingness to disclose their ordeals to family or community members for fear of being beaten and judged as being responsible for their circumstances. This suggests that this society does not provide an enabling environment to encourage young women to report acts of sexual assault.

Whilst the majority of the participants had no agency over the circumstances leading to their pregnancies, a few participants mentioned that they were in love relationships before engaging in sexual intimacy. Despite the consensual nature of their sexual relationships with their partners, they still encountered constraints to their agencies due to their limited access to SRH information and services. This will be discussed next.

5.2.6 We were in love

Some of the participants in this study noted that they were in loving relationships with their partners prior to their pregnancies. Most of these participants' partners were either school mates

or neighbours. Although the duration of their relationships varied, most young women were with their partners for a few months before their pregnancies. For these participants, they chose to engage in sexual relationships with their partners out of a mutual feeling of love. For instance, Funke had this to say when she was asked about the nature of her relationship with her partner prior to her pregnancy:

The person I was dating then was my classmate. He was my first love. Our houses were not far from each other and our fathers were friends, so we used to play together a lot. You know when there is love, emotions will run high, so we used to do all that stuff together to show love.

Funke (pregnant at 17 years, interviewed at 25 years)

Here, it can be seen that participants used sex as an active way of showing love. Further analysis of unmarried young mothers' accounts suggests that premarital sexual intercourse was common and believed to be a natural act among two people in intimate relationships. Hence, they were less accepting of the traditional values of maintaining virginity, stating that '*times have changed*'. By using sex as an expression of love, participants try to construct a modern identity for themselves. This suggests that increasing modernization is causing a push-back effect on retaining widely held traditional beliefs that females are supposed to remain virgins until marriage (Familusi, 2012; Omobola, 2013). Nevertheless, these young women ended up with unintended pregnancies because they were not aware that they could get pregnant without the use of contraceptives.

5.3 Summary and conclusion

In this chapter, I drew on secondary literature and original data to understand the social contexts of the young mothers and its impact on their vulnerability towards teenage pregnancy and motherhood. Findings from this study suggest that gender plays a role in how sexual expression is perceived. Based on the analysis of the key informant interviews, young women were perceived as responsible for upholding cultural values, thus, the act of preventing sexual intercourse and pregnancy was seen as the responsibility of the female teenager. This focus on the female teenager as being primarily responsible for sex and pregnancy prevention signalled disapproval of them engaging in sexual intercourse or the use of contraceptives. Hence, discussions about sex or access to contraception were shrouded in secrecy and labelled as an act of 'waywardness' on the part of the female.

Although the community culture encourages young women to preserve their virginity until marriage, findings from this study showed that participants used sex as an expression of love. This shows a push back against traditional values of morality. However, due to the socio-cultural underpinnings surrounding sexual discourses and the negative attitudes of community members towards the provision of comprehensive sex education to female teenagers, young women experienced limitations in the understanding of their sexual and reproductive health. As a result, many of the participants naively explored sexual intimacy without being aware of the consequences, had inaccurate knowledge of contraception and were unaware of signs of early pregnancy.

Furthermore, findings from this study showed that certain social factors predisposed young women to early pregnancies. Hence, due to gendered expectations and limited knowledge of their sexual and reproductive health, they were often at a disadvantaged position in negotiating safe sex and delaying sexual initiation. It can therefore be argued that gendered norms act as social determinants of poor sexual and reproductive health as it emphasizes self-sacrifice on the part of the female and strongly limits their freedom to adequately access their SRH rights.

Having presented the socio-cultural contexts in which the participants' pregnancies occurred and how deprivation of comprehensive sex education was used to enforce cultural norms and values, the next theme will deliberate on young women's experiences of stigma after they were considered to have veered from the traditional set-orders by becoming pregnant.

Chapter Six

6 Experiences of Stigma

The aim of this chapter is to discuss young women's experiences of stigma at both interpersonal and institutional levels of society, as well as how these experiences affected their state of wellbeing. According to Goffman (1963, p.3), stigma can be defined as “*any attribute which an individual possesses that disqualifies them from full social acceptance*”. As discussed in chapter three, teenage pregnancy and motherhood may deviate from socially and culturally acceptable norms and expectations in Nigeria. Hence, young mothers are subject to stigma and discrimination. Drawing on Goffman's (1963) pioneering work on stigma as well as more recent theorists of stigma, this chapter will use the narratives of both the young mothers and key informants to examine how stigma and discrimination are enacted and experienced across various multi-levels of society. To narrate their stories, young mothers used photographs to describe their experiences. Some of these photographs will be used in this chapter and subsequent chapters to elucidate their quotations.

While all young mothers in this study experienced stigma and discrimination, the enactments of stigma and its consequences did not necessarily follow a linear progression. By adapting Link and Phelan's (2001) *Conceptualization of stigma* to the analysis of the findings in this chapter, I will demonstrate how the manifestations of stigma (i.e., labelling, stereotyping, separation, status loss and discrimination, exercise of power) operationalise in a vicious circle to reinforce negative outcomes amongst unmarried young mothers.

To guide the reader, I restate the research question relevant to this chapter:

- How does the social construction of teenage pregnancy and motherhood in South-Western Nigeria affect young mother's experiences of unmarried pregnancy and motherhood?

To answer this research question, I draw on the work of Goffman (1969), Scambler, (2009), and Link and Phelan (2001) (as examined in the literature review) to discuss young mothers' experiences of enacted and felt stigma as well as its implications on their wellbeing. I will also discuss how stigmatisation from various societal institutions (family, educational, health, religious, community) work together to compound inequalities and reinforce marginalisation amongst young mothers. This chapter develops a conceptual framework (adapted from Link and Phelan, 2001) to explore the processes of stigma (labelling, stereotyping, separation, status loss

and exercise of power), how young mothers are influenced by discrimination and stigma (experienced at interpersonal, institutional and community levels), and the interactions between them.



Figure 1: Thematic framework for unmarried young mother's experiences of stigma (adapted from Link and Phelan, 2001).

6.1 Labelling

Analysis of key informants' interviews indicates that there is a negative perception regarding teenage pregnancy and motherhood because teenagers are meant to follow a social order into adulthood which is: remain chaste, get an education, get a job, get married and have children in adulthood. Esther explains it this way:

...a child cannot know how to take care of a child. They are babies carrying babies. This is not the right time for them to have children, they are not mature enough. They are supposed to go to school first and marry before they start having children.

Esther, a community chief

Every society has certain rules which define conforming and deviant behaviours (Jones & Corrigan, 2014). Hence, when an individual violates these set rules, it can lead to the ascription of a label (Link & Phelan, 2013). As depicted by the above statements, there is a perception that teenagers are children and therefore unfit for pregnancy and motherhood. Hence, while the period of adolescence is seen as a transition to adulthood, adolescents are still seen as too young to be mothers (Macleod & Feltham-King, 2019). Link and Phelan (2013) state that for an individual to be labelled, their perceived difference from society has to carry a social relevance. Because becoming a mother in adolescent years is considered counter normative as illustrated by the above quotation, teenage pregnancy and motherhood carry social relevance in South-Western Nigeria as a threat to the transition order of society. Thus, when a young girl becomes pregnant, she offends the collective conscience of her society, and a *devalued label* is ascribed to her. Participants in this study reported that their pregnancies were often called ‘*shameful or sorrowful pregnancies*’ because they became pregnant as teenagers. Titi and Anu narrate their experiences thus:

People started making fun of me that a girl of 16 years got pregnant. They said my mates are in school, but I am carrying pregnancy. My neighbour's daughter would go and gather her friends from the street, and they would begin to make fun of me that I am carrying a shameful pregnancy.

Titi (pregnant at 16 years, interviewed at 20 years)

People made fun of me. They said all my mates are in school and I am supposed to be schooling. They called my pregnancy a pregnancy of suffering and a sorrowful pregnancy. They treated me very badly and made me feel like I was different. They would say, you are pregnant, your life is over.

Anu (pregnant at 15 years, interviewed at 20 years)

Titi and Anu's experiences of labelling have striking similarities. In Nigeria, pregnancy is seen as a thing of joy because it confirms the fertility of a woman (Case, 2016). However, while

fertility is highly valued in society, it is only acceptable within the confines of a marriage context (*ibid*). By calling someone's pregnancy a '*shameful or sorrowful pregnancy*', community members attach a label which separates acceptable pregnancy from unacceptable pregnancy and mark pregnant teenagers as different from the rest of the community. Furthermore, by emphasizing that '*their mates are in school*' and '*they are supposed to be schooling*', community members demonstrate how social narratives are assumed for individuals and how individuals are expected to live up to these narratives. Thus, by getting pregnant in school, female teenagers are seen to be '*in the wrong*' for deviating from societal expectations of their age-groups.

From Titi and Anu's narratives, the ascription of a label to their pregnancies caused them to be mistreated. A similar pattern of being mistreated because they had a '*shameful pregnancy*' was also seen across all participant's narratives. This is consistent with Link and Phelan's (2013) study on *labelling and stigma* which posits that having a devalued identity can attract disapproval or punishments from the members of the society, thus showing the impact that a label can have on an individual's social identity.

6.2 Stereotyping

Participants described how individuals within the larger society associated negative traits with their social identities and assumed them to be '*promiscuous*', '*deviant*' '*wayward*', '*immoral*' and '*unlikely to lead a productive life*'. Titi and Tope narrated their experiences in the community this way:

Many people see girls that get pregnant during their teenage years as someone who is wayward. They will just feel that she has been sleeping around. This was how they were looking at me. They didn't say it outrightly but subtly.

Titi (pregnant at 16 years, interviewed at 20 years)

They think that once you are pregnant, your future is ruined, once you are pregnant, you cannot attain anything in life or once you have a teenage pregnancy, you cannot have a good man to be married to, because you are immoral, these were all the things that they thought about me.

Tope (pregnant at 16 years interviewed at 23 years)

These negative stereotypes were also confirmed by some of the key informants. Marcy highlights this further:

Immediately they see a girl pregnant at an early age, they will say the girl is wayward, is not well disciplined and is not a serious person. When they see her carrying the child on her back and they know that it is her child, they will say; “this one, does not have any future, her future is already doomed.

Marcy, Community leader

Teenage pregnancy and motherhood results in stereotyping because of the social significance that it carries. According to Goffman (1963), when an individual possesses an undesirable trait that is visible, it allows others to make assumptions about their social identities. These assumptions that individuals make are referred to as stereotypes and this shapes their perceptions of stigmatised individuals. For young women in this study, pregnancy served as a visible marker for stigma due to its associations with early engagement in sexual activities (“promiscuity”), which is considered unacceptable (Arai, 2009a). Thus, as illustrated in Titi and Tope’s narratives, their public image became altered due to the labelling and stereotypes associated with their identities (as pregnant teenagers).

Marcy describes how people view and place pregnant teenagers and teenage mothers in lower social groups in terms of morals and future outcomes. The use of words such as ‘ruined’, ‘end’ and ‘doomed’ to express the possible fate of a pregnant teenager or young mother suggests a state of hopelessness for the life outcomes of unmarried young mothers because they became pregnant young.

Findings from this study show that even when there were instances to suggest that young mothers were coping well with their circumstances, they were not exempt from the negative reactions of community members. For instance, Toke was well supported by her partner and parents and feels that she is doing well. However, because of her status as an unmarried young mother, community members still have negative assumptions about her. In her narrative, she said:

When I got pregnant, people said I was promiscuous, but I had only had sex with one person... when my mother was taking care of me and I was doing fine, they started looking for something else to say. First, it was that my baby does not have a father, but the father started supporting me, later it was that I won’t be able to go to school but then

I started learning a trade, now they are saying I won't be able to find someone to marry me because I have a child. They just always had to find something bad to say.

Toke (pregnant at 16 years, interviewed at 21 years)

By saying that '*they always had to find something bad to say*', Toke's quote suggests that she feels that her positive behaviours and outcomes are silenced due to her identity as a young mother. From Toke's narrative, it can be implied that society does not afford an individual the opportunity to exist outside of the stereotypes conferred on them. This is evident across Toke's and other participants' accounts as they noted that they did not fully understand why they were assumed to be wayward or why people believed their lives were over especially since they had encountered a few successful women who became pregnant young. Toke elucidates further:

I know people that got pregnant as teenagers and are now doctors and lawyers. I don't understand why people say that your life is over when you give birth early. I am still looking for how it has affected me because it hasn't. I cannot say that being a teenage mother is bad and I cannot also say it's good. What I think is this; if the teenager has support, a job that is bringing in money and she can take care of herself and child, why do people still think she will suffer?

Toke (pregnant at 16 years, interviewed at 21 years)

From the analysis of the data, it can be seen that stereotypes play both *descriptive* (by ascribing negative assumptions to unmarried young mothers) and *prescriptive* (by shaping individual perceptions of unmarried young mothers) roles (Burgess & Borgida, 1999). Thus, it can be argued that people's reaction towards young mothers is not necessarily about them. Rather, it is due to the stereotypes associated with early pregnancy and motherhood which influence people's perception of it as bad and dispose individuals within the larger community to enforce stigma against it.

6.3 Separation

When an individual is labelled as different and stereotyped, they can experience seclusion, a process whereby they are placed in distinct categories which separates them (*Them*) from those that do not possess the discrediting attribute that they have (*Us*). According to Link et al., (2004), this often occurs within the context of emotional reactions. The negative labelling and stereotyping of individuals can evoke an emotional response from others and consequently

shapes their behaviours and attitudes towards them. Depending on the type of label and stereotypes associated with an individual, these emotional responses can either be in the form of anger, rejection, isolation, or pity. Participants in this study reported experiencing negative reactions from their families, friends, and community members as a result of their pregnancies. This will be discussed in more detail in the sub-themes below:

6.3.1 Religious seclusion

Many participants in this study experienced being secluded from the church because they became pregnant young. Across participants' narratives were stories of how they were banned from going to church or stopped from sitting on certain pews in the church because of their pregnancies. Below, Kike details how she was publicly humiliated upon the discovery of her pregnancy:

I have been in the choir since I was five. When I was pregnant, they [pastors] stood me up in front of the whole church and told them that I had committed fornication, you don't understand, like thousands of people were looking at me, like looking down on me, saying you this useless girl. It was not really a good experience at all. Many people in church stopped talking to me, even the pastor. I could no longer sit with the choir, so the shame was there. I really felt like opening the ground and just entering into the ground and just going off because it was not an easy experience at all.

Kike (pregnant at 16 years, interviewed at 20 years)

As with many religions, sexual abstinence is one of the core values of Christianity (Pereira & Ibrahim, 2010). Hence, a pregnant teenager is seen as having committed a grievous sin by engaging in premarital sex and thus believed to have deviated from the moral teachings of the church (Abbott et al., 2016). By subjecting Kike to public humiliation in front of the church, stopping her from sitting with the choir and cutting communications with her, the church shows how individuals separate the deviants (*Them*) from the normal (*Us*).

Similar to Kike's narrative, participants in this study noted how their experiences of ostracisation in the church left them feeling excluded and with the belief that they were '*sinner*s'. Thus, due to the level of influence that the church had over pregnant teenagers, the institution was able to reinforce feelings of 'differentness' amongst them through acts of separation.

6.3.2 Community seclusion

A majority of the participants in this study witnessed various forms of isolation from the community such as exclusions from social groups and activities:

... my friend at the street, her mother warned her not to walk with me again because I was pregnant and might influence her to also get pregnant... Even when there were occasions (events) that we were supposed to attend together, I wouldn't be able to follow them because of the way they would talk badly about me. They would set me aside and say "you, don't follow us because you are pregnant, we are not pregnant."

Tade (pregnant at 15 years, interviewed at 18 years)

I don't even know how to put it but I felt so isolated, let me put it like that because definitely my parents were not accepting me, the man was not accepting me too, I was in-between, I was alone, no going back and no going forward, that time was so tough... so many of my friends stopped talking to me, they saw me as a bad person... I could no longer talk to people in the community, even in school, majority of my friends stopped talking to me, they felt like I was rotten and may influence them.

Ola (pregnant at 17 years, interviewed at 20 years)

As the responses indicate, community members often reacted to young mothers in accordance with the negative connotations associated with their identities. According to Link & Stuart, (2017), it is not only the stereotype given to an individual that alienates them but the stigmatising behaviour that has a major role to play in the process of isolation. As a result of community seclusions (as evidenced in Tade and Ola's narratives), participants in this study described feelings of loneliness and being perceived as '*rotten*'. This reinforced feelings of 'differentness' amongst them and according to Ola, the experience was '*tough*'. Thus, by actively severing relationships with pregnant teenagers, society reinforces feelings of seclusion (Us vs Them) and isolation among unmarried young mothers which can tilt them into negative emotional and mental health outcomes.

The above sub-themes illustrate how separation (the use of *Us vs Them*) functions as stigmatisation. As discussed in the literature review, central to Link and Phelan's (2001) idea of separation in stigma is the concept of otherness. Just like the process of separation, othering distinguishes an individual and marks their unacceptable trait as different through a process of

marginalisation, social distancing and exclusion (Barter-Godfrey & Taket, 2009). In so doing, people draw a line between Us (normal, acceptable) and Them (deviants, unacceptable). Juxtaposing both concepts of separation and othering together, it can therefore be implied that “*them is the other of us*” (Barter-Godfrey & Taket, 2009, p.167). The next section will draw on examples of courtesy stigma within the family to show how othering acts as an exclusionary process through which unmarried young mothers (Them) are separated and differentiated from the rest of the wider society (Us).

6.3.3 Courtesy stigma as a cause of separation

The analysis of key informants’ interviews showed how teenage pregnancy and motherhood brings disgrace to a girl’s family:

The girl’s family will feel very bad that their daughter has disgraced them. If a parent sends a child to school and she comes back pregnant. It reflects badly on the image of the family, so the parents will not be happy. With what she has done [by getting pregnant], she has brought sadness, bitterness...it’s not a thing of joy.

Marcy, Women community leader

In Nigeria, parents follow cultural family norms by upholding good behaviour within the family and ensuring that children follow what constitutes age-appropriate choices within society (Ogundare, 2010). Hence, when a girl deviates from acceptable societal standards by becoming pregnant, she brings shame and dishonour to her family (Omobola, 2013) by demeaning her family’s societal image. While parents of pregnant teenagers do not possess the attributes of a ‘*spoiled identity*’ (because they are not the ones that are pregnant), the stigmatisation which follows teenage pregnancy can affect them. This process whereby individuals experience stigma due to their associations with stigmatised individuals is known as courtesy stigma (or stigma by association) (Goffman, 1969). This was evident in this study as parents of pregnant teenagers were often punished and assumed to be ‘*irresponsible*’ because their daughters became pregnant young. This is highlighted in Regina and John’s responses:

The society will see you as an irresponsible parent, especially in this area, oh my God! You’ll become an irresponsible parent when they discover that your child, your daughter is pregnant. It is a thing of disgrace, so her parents will receive lots of insults because people will believe that they [parents] did not train her well. Even in churches, they

would go as far as removing them from some crucial posts that they are involved in just because their daughters are pregnant.

Regina, Teacher

It is a shame to the parents because everybody would just feel that the parents are not taking good care of their child in terms of discipline and that the parents have not actually done well enough. Their parents may also be relieved of their responsibilities too because we believe that the parents are supposed to bring up their children in the fear of the Lord. If the children are well-monitored and well-taken care of, they will not go into all those kinds of things, so when these things happen, we believe that the parents are negligent, and they should be punished for the wrongdoings of their children.

John, Priest

As illustrated above, the relationship between parents and their daughters can lead people within the community to treat them as sharing the same stigmatising attributes. This shows the strength of influence that stigma carries, and the impact it can have on those related to stigmatised individuals within the study area. In Nigeria, families tend to aspire to have good and desirable reputations in society by conforming to culturally and socially approved standards of behaviour (Ogundare, 2010). Hence, in an attempt to limit their exposure to stigma, parents within the study area adopted strategies to shield themselves away from the societal consequences of stigma by association. Upon discovery of their pregnancies, most participants were sent away by their parents to go and live with their partners or a distant relative. For example, Wura explains how she was disowned by her parents because of the ridicule they were experiencing in the community:

When they [parents] discovered that I was pregnant, they sent me away because they did not want to bear in the shame of my pregnancy. It was getting too much for them. They said that they were not the ones that got me pregnant and so they told me to leave and go and stay with the person that is responsible for my pregnancy and never come to their house again.

Wura (pregnant at 16 years, interviewed at 23 years)

By sending Wura away to go and live with her partner, her parents distanced themselves from her to avoid negative family labelling. This shows how stigma by association also led to *othering*

and *enacted stigma* for young mothers. Similar to Wura's experience of being sent away from home, Tanwa explains how her family tried to isolate her by confining her to secluded spaces within the house before finally sending her to go and live with her grandmother in a faraway community:

My parents were like I brought the shame upon the family. They were elders in the church, and I was also a worker in my church, I was in the choir, so you know this was a slap on their face because they were always advising people not to get pregnant before marriage, so it was a big embarrassment... I was no longer allowed to go out. I was not allowed to even move in the compound in case someone sees me. I was always in my room 24/7. After a while, I was told to go to my grandma's place and stay there.

Tanwa (pregnant at 15 years, interviewed at 30 years)

Because Tanwa's parents were influential people in the church, they tried to find ways to reduce her social contact with others so that no one would discover her pregnancy. By hiding their 'mistakes' of failing to bring up their daughters in morally acceptable ways (through isolation) and separating themselves from their daughters' pregnancies, parents in this way try to decrease the social consequences of stigma on themselves. Furthermore, by separating themselves from their daughters, it can be argued that parents are sometimes more concerned about protecting their social image than they are with the wellbeing and welfare of their daughters. Thus, in attempts to protect themselves from stigma and maintain their social reputation, parents may separate themselves from their pregnant daughters which can further reinforce othering and stigma on the pregnant teenager.

While the above theme has discussed the role of separation and othering in reinforcing stigma among unmarried young mothers, findings from this study show that the consequences of these (separation and othering) are significant. The next section will discuss the responses of stigmatised individuals to their experiences of separation and its impacts on their mental wellbeing.

6.3.4 Emotional effects of separation: felt and internalised stigma

Link et al., (2004) posit that other people's emotional reactions to an individual's stereotyped identity can elicit emotions of shame, self-doubt, and increased sensitivity to perceived stigma. These emotional reactions can become internalised by stereotyped individuals and this can

negatively impact on their wellbeing (Green, 2007). All the young mothers who participated in this study noted that their experiences of separation affected them in various ways. The internalisation of shame and stigma which manifested in felt stigma, powerlessness, depression, suicidal ideations, and internalisation of blame was evident in participant's narratives. This will be discussed in detail below:

6.3.4.1 Felt stigma

While all the young mothers in this study were at different stages of education (ranging from junior secondary school to final year of senior secondary school) when they became pregnant, some of them reported dropping out of school of their own volition when their pregnancies became obvious:

When I heard rumours that people were asking if I was pregnant, I was afraid that I will be beaten and expelled from school so that was when I stopped going to school.

Dunni (pregnant at 16 years, interviewed at 21 years)

I was about 7 months before anybody knew that I was pregnant in school...a few of my friends began asking me about it and I was afraid of what might happen if others began to know so I stopped going to school.

Dupe (pregnant at 16 years, interviewed at 19 years)

From the above narratives, while participants report voluntarily withdrawing from school, it is evident that their decisions were quite constrained. Voluntary withdrawal from school can be understood as a reaction to felt stigma and this is consistent with Scambler's (2009) findings which suggest that stigmatised individuals often withdraw from social situations when they are unsure of how they will be perceived within the larger society. Funke was in her final year of secondary school and preparing to take her final exams to gain admission into the University when she passed out in class. Upon examination in the hospital, she was discovered to be pregnant. Although it was only a few friends of hers who were aware that she was pregnant because they were present at the hospital, Funke explains how she stopped going to school and subsequently did not take her exams due to fear of being made fun of:

I was very afraid to return to school after that incident. I felt that the news [of my pregnancy] would have spread throughout the school. When I tried to speak to them [friends], I noticed that their attitudes had changed, they were very hostile to me and so

it was very embarrassing to the extent that throughout the period of the exam, I did not show up at school at all because I was afraid of what might happen.

Funke (pregnant at 17 years, interviewed at 25 years)

Using Scambler's (2009) concept of stigma, it is possible to suggest that Funke's anticipation of being mocked, being judged, being excluded and her resulting conclusion to stop going to school can be termed as *felt stigma*. Thus, as evidenced by some participants' narratives, it is not pregnancy in itself that prevented them from attending school, but the anticipated social discrimination associated with teenage pregnancy.

6.3.4.2 Internalisation of blame

Findings from this study showed that young mothers often longed for acceptance from their estranged families and often took responsibility for how they were treated by stating that they deserved it:

I understand that they reacted that way because they were concerned about my future. They wanted me to learn from my mistakes. If they did not treat me the way they treated me, maybe I would have gotten pregnant again. What I did was wrong, and I deserved everything that they did to me because I should have been patient to have done things the right way. I just hope that they will forgive me for the pain I have caused them and accept me back.

Tope (pregnant at 16 years, interviewed at 23 years)

The above quotation shows how participants did not demonstrate resentment towards their families for the stigma that they experienced from them. This is contrary to studies on stigma which posit that stigmatised individuals often harbour feelings of distrust, anger and bitterness to their stigmatisers (Chaudoir et al., 2013; Stangl et al., 2019; Zhang et al., 2019). Drawing on gendered constructions of sexuality where females are traditionally believed to be responsible for upholding moral behaviour (Marcus et al., 2015), it can be suggested that young women internalised blame by perceiving these acts of stigma as punishment for their own 'irresponsible' sexual behaviour.

6.3.4.3 Emotional distress

For many participants in this study, encountering stigma did not only make them feel ashamed, it also had profound effects on their mental wellbeing. Participants in this study spoke of how the incessant use of stereotypes and experience of stigma contributed to feelings of self-doubt, worthlessness, and hopelessness in how they thought about themselves. This can be adjudged from Sayo and Abiodun's reflection of their feelings:

I will walk past, and they will be talking about me, sometimes I would be in the house and I will be hearing all the things that they are saying, and I will be crying, sometimes it will be so hurtful that I became very depressed. It made me feel very bad about myself.

Sayo (pregnant at 15 years, interviewed at 20 years)

Because of what people were saying, I believed that it was the end of my life. I felt like my life will have no meaning, no value again. Then I had lost hope in myself and I was convinced that I could never make it again. I did not think that I would be successful in life anymore.

Abiodun (pregnant at 18 years, interviewed at 24 years)

According to Chaudoir et al., (2013), identifying people as 'different' has the potential to affect their sense of identity through a process of stigmatisation and internalisation. In Abiodun's narrative, she states that she was '*convinced that she could never make it again*', in this way, she internalised the lowered expectations placed on her identity by society. This pattern of thinking was also shared across many participants' narratives as they noted being '*limited*' in achieving their goals due to predominant stereotypes which made them feel like '*they can never be successful again*'. This shows how being set apart, labelled and stereotyped can alter young women's perception of themselves and cause them to internalise and integrate negative stereotypes into their identities, leading to what is known as a "*self-fulfilling prophecy*" (Glover et al., 2017, p.1236). Thus, the stereotypes, labels and acts of seclusion which others mete out on stigmatised individuals can lead to self-deprecation.

Additionally, analysis across participants' accounts revealed that some young mothers contemplated suicide due to the negative attitudes and reactions of others to their circumstances:

It really damaged my self-esteem. I was broken down, words from people broke me down, and people's reaction broke me down. I tried to commit suicide and I did that

because of the fear, because of condemnation I had around, that was what pushed me to that extent.

Tanwa (pregnant at 15 years, interviewed at 30 years)

All the things they said about me then made me feel like committing suicide because they were saying very bad things to me, they can call me a useless person, a bad child, a wayward child, words that will be annoying you. If it were words that will only annoy you, it is better, they were words that when you hear them, you want to go inside your house and drink something poisonous because they are hurtful words. I wanted to commit suicide at some point. I was really thinking of suicide, suicide.

Tola (pregnant at 18 years, interviewed at 26 years)

Tanwa and Tola talk about how the gossip, taunts, and acts of separation from members in the community made them feel suicidal. This similar pattern of ‘*wanting to commit suicide*’ and ‘*end it all*’ were common themes across participants’ accounts. While the participants only nursed the idea, there were reported cases of pregnant teenagers who committed suicide in the community:

There are many cases like this, I remember a lady that once got pregnant, that shame was just too much for her, she could not carry it, so she committed suicide because of the pregnancy.

Tunde, Chief

This implies that experiences of stigma and isolation can drive young mothers to take desperate actions.

The above sub-theme has discussed the impacts of separation on the wellbeing of participants in this study. The next theme will further detail how stigma is enacted by individuals and societal institutions through status loss, discrimination, and exercise of power.

6.4 Status loss and discrimination

According to Goffman’s (1963) categories of stigma, pregnant teenagers and teenage mothers are discriminated against based on *blemishes of individual character* where the *blemish* that unmarried teenage mothers possess is their marital status (i.e., single), early pregnancy and motherhood. Because unmarried young mothers are perceived to have veered from societal

norms and expectations of delayed motherhood, financial independence and ideals of marriage (where virginity is valued), the society (within which they live) constructs a process through which they are devalued and excluded from the larger community. This usually occurs through status loss, individual discrimination, and structural discrimination.

6.4.1 Status loss

Status loss involves the downward placement of an individual due to their stigmatised identity (Link & Phelan, 2001). Participants in this study noted that because they got pregnant young, they were often looked down upon, silenced by community members and removed from certain positions of responsibilities in communal institutions. Many young mothers described not ‘*having a voice*’ or ‘*being able to give their opinions*’ because they were often dismissed by their peers and community members. Tanwa highlights it this way:

I was asked to quit my assignment from the church because I got pregnant. I was removed from the unit and I was told that I could no longer be a member. I could no longer contribute to anything. If I tried to give my opinion, they will say; you that got pregnant, what do you know?

Tanwa (pregnant at 15 years, interviewed at 30 years)

Tanwa’s narrative shows how individuals are not only separated (as seen in section 6.3) but experience status loss due to their stigmatised identity. Yang et al., (2007) propose that there is a moral dimension to stigma which is rooted in socio-cultural meanings. Hence, stigmatisation is seen as a rational response to anything that threatens the “moral order” of a particular institution or society (*ibid*). Findings from religious leaders’ interviews suggest that the act of relieving a pregnant teenager of her responsibilities serve to maintain the moral image of the church, and act as a form of punishment for engaging in premarital sex. John, a priest in one of the local churches explains it this way:

If you go to a church and you see a twelve, thirteen-year-old pregnant girl in the choir or welcoming you as an usher into the church, how do you feel? that is not decent. So, they have to be relieved of their positions...also, they need to be punished for their wrong-doings, premarital sex is a sin...if we do not act in this way, other girls will think it is okay to do this.

John Priest

The removal of pregnant teenagers from crucial posts in the church shows how individuals in the community can place a *devalued* individual in a *downward position* due to their unacceptable behaviours. Thus, while religious organizations are often expected to provide help and care to their members in times of need (Johnstone, 2015), findings from this study suggest that pregnant teenagers may instead suffer status loss, ostracization and marginalisation within their religious communities due to their *devalued* identities.

6.4.2 Individual discrimination

This refers to the discriminatory practices carried out by individuals on another person due to their stigmatised identities. A strong theme in this study was related to the discrimination that young mothers experienced from their families because of their pregnancies. Because young women's pregnancies were seen to taint families' reputations, for many participants in this study, getting pregnant marked the beginning of hostility and severing of family ties. Funke and Tanwa describe how their family members stopped talking or associating with them this way:

I used to be the 'pet' of the house, they really loved me but after the whole incidence of the pregnancy, everything changed. My family and I began to live like cat and rat. If I wanted to go downstairs and do something and I realize my father is there, I would go back upstairs. They all treated me badly. I was so ashamed, and I became like a leprous person that nobody wanted to move close to.

Tanwa (pregnant at 15 years, interviewed at 30 years)

Tanwa describes her experience of discrimination and stigmatisation by comparing herself with someone that suffers from leprosy. Previously, leprosy was believed to be a contagious disease and as a result, people often confined lepers to secluded spaces with minimal or no interaction (Van Brakel, 2014). By comparing her pregnancy with leprosy, Tanwa shows how her possession of an *attribute that is deeply discrediting* leads to the *social devaluation of her identity* (isolation, stigma, and discrimination). This is consistent with Goffman's (1969) conceptual definition of stigma.

6.4.3 Structural discrimination

Structural discrimination refers to the practices that societal institutions engage in to reinforce seclusion and marginalisation among stigmatised individuals. This was mainly evident with respect to healthcare and employment in this study.

The majority of participants in this study recounted experiences of discrimination from health-care professionals, primarily from authority figures such as nurses and doctors. For instance, Ajoke noted how the derogatory manner in which pregnant teenagers were often addressed in the hospitals discouraged her from accessing health services:

When they [healthcare workers] want to call us for our appointment, they would say; “those of you that went to go and ‘carry’ pregnancy as a teenager” instead of our names. Sometimes they will tell you to buy some things and when you don’t buy them on time, they will start saying that they were not the ones that sent you to go and get pregnant if you know you are not ready, why did you go and get pregnant?” You know, words like that, so I stopped going because of that. I just determined not to go again even on days when I was feeling sick.

Ajoke (pregnant at 17 years, interviewed at 23 years)

The way healthcare workers addressed pregnant teenagers as described by Ajoke, shows how the labels attached to individuals become their primary means of identification and form a basis for discrimination. This shows how stereotypes and labels can be used to categorize an individual even when it is not situationally relevant. Similarly, Itunnu had this to say about her experience with healthcare workers:

There were times when the Nurses will just talk to us badly and insult us. Sometimes, they will attend to other people before us even when it is obvious that we came before them. If we complain, they will just ignore us. Sometimes the way they just behave is really bad and this made me make up my mind never to go there [ante-natal clinic] again.

Itunnu (pregnant at 15 years, interviewed at 20 years)

This type of experience pushed many participants towards traditional care services, which they noted as more ‘friendly’ and ‘accommodating’:

I used to go to the traditional birth attendant every Monday and Wednesday to get care. There, we pray, and they will pray inside water for us to drink and bathe with. We sometimes sing and dance too. She (traditional birth attendant) was very accommodating and used to treat me well. This made me make up my mind that all the children that I will give birth to during my lifetime, I will give birth to them in the mission (traditional birth centre) and not in the hospital.

Dunni (pregnant at 16 years, interviewed at 21 years)

As described by Dunni and other young mothers in this study who utilized traditional birth services, the care they received was mostly centred on prayers, dancing and drinking ‘*holy water*.’ Despite the limited healthcare services received in these centres, analysis from most young mothers’ transcripts showed that they were more willing to use these centres for their future births due to their negative experiences with modern healthcare facilities. The interpretation of the data imply that the stigma associated with teenage pregnancy and motherhood can lead young mothers to take up poorer healthcare services.

Health outcomes of pregnancies are highly influenced by the quality of care young women receive during antenatal and postnatal periods as this can help identify and prevent gynaecological and obstetric complications (Haddrill et al., 2018). Although this study cannot conclude that all health care facilities in the community actively stigmatise pregnant teenagers, judging by the accounts of the participants in this study, these negative attitudes were identified and can be traced to the negative cultural perception of teenage pregnancy and motherhood. These acts of discrimination can therefore discourage pregnant teenagers and mothers from accessing healthcare services which would ordinarily have benefitted them.

To reduce the impact of financial stress and improve their socio-economic outcomes, young mothers sought employment opportunities. However, findings from this study showed that employers and vocational instructors declined to offer them jobs or train them in the occupation of their choices due to their status as young mothers. Titi and Wura recount their experiences this way:

When I was looking for work, I got some opportunities that some people wanted to give me but being a teenage mother became an obstacle for me. Nobody wanted to employ a young person who has a child. I don’t know why but maybe they feel I am bad because I got pregnant young.

Titi (pregnant at 16 years, interviewed at 20 years)

There are some places that all these bosses will say that they do not accept those of us that have children...these are places where I am trying to find work to do. One time I wanted to learn and work as a hairstylist, but when she [employer] discovered that I had a child, she said that she cannot accept someone with a child. I also tried to learn how to be a salesgirl for people that sell foodstuffs, but they too also said that they cannot accept someone with a child. Everywhere I went to look for work, it was like people were judging me, you know, it is like being a teenage mother is affecting me.

Wura (pregnant at 16 years, interviewed at 23 years)

Although Wura is now 23 years old and it has been five years since she had her child, her use of a present continuous tense- *affecting me* signals that her current socioeconomic status cannot be dissociated from her experience of early pregnancy and motherhood. Employers and vocational trainers in society can thus intensify the negative socio-economic outcomes associated with teenage pregnancy and motherhood through acts of discrimination. By appraising the participants' statements, it is admissible to conclude that the discriminatory practices against unmarried young mothers have the potential to widen gender and economic inequalities. This is consistent with Goffman's (1963) work which suggests that key agents of socialization (societal institutions) can actively limit the life chances and opportunities of stigmatised individuals.

Thus, while public institutions are important parts of any society and are supposed to be governed by policies which are in the best interests of its immediate community (Bloland et al., 2012), findings from this study suggest that these institutions may marginalize unmarried young mothers and reinforce stigma amongst them.

6.5 Exercise of power

Link and Phelan (2001) argue that power is central to the enactment of stigma. Thus, the extent to which a stigmatised individual (in this case unmarried pregnant teenagers) will experience stigma (as a result of getting pregnant) is largely dependent on the ability of societal institutions to use stigma to reinforce stereotypes, enforce exclusion and cause negative life consequences for them (Link & Phelan, 2014). Although the above sub-sections have highlighted subliminal elements of power dynamics in the process of stigma and discrimination, this section is more about young mothers' experiences of actual stigma (enacted stigma), not just their feelings of

stigma (felt stigma). The following sections provide an insight into how certain societal institutions (educational, family and community) reinforced gender inequality among some study participants and exercised overt control over their access to education and support.

6.5.1 Educational stigmatisation

While most young women stopped attending school when their pregnancies were becoming obvious (due to felt stigma), Tanwa's pregnancy was discovered by the school management and she was physically assaulted and expelled as a result:

When the head-teacher found out that I was pregnant, all my teachers, my principal, everyone, even the students, they all gathered on me and beat me. This was the second time I had the beating of my life. They had to expel me because I was kind of like a bad image to other students in school. So, they made me a scapegoat for other students to see.

Tanwa (pregnant at 15 years, interviewed at 30 years)

Here, Tanwa illustrates how she was humiliated by her teachers, her fellow students and expelled by school authorities- a form of enacted stigma. This represents a distinction between voluntarily withdrawing from school (felt stigma) and being forced to drop out of school (enacted stigma). The act of expelling pregnant teenagers from school as experienced by Tanwa is a common practice in Nigeria (Ekefre et al., 2014; Leckie & Gallagher, 2011; Onyeka et al., 2011) and reflects the negative approach of the educational system towards teenage pregnancy and motherhood. The rationale for expulsion, as provided by the teachers interviewed, is based on the belief that pregnant teenagers would be bad examples to other students if they are not stopped from coming to school:

The integrity of the school will be at stake if they let the girl continue schooling. Parents will withdraw their children from the school because they don't want them to 'copy' the girl that is pregnant. So, she is not a good example for the school and that's why we send them out from the school...

Blessing, Teacher

In this country, it is not acceptable for any teenager that is still in secondary school to be pregnant and remain in school. Such students would be sent away from the school

because they are believed to be undisciplined children. In fact, if we sense that she's pregnant, she is automatically out of school.

Regina, Teacher

The power imbalance between students and school authorities means that educational institutions can exert authority over its students. The act of expulsion denotes the role of power which school authorities wield to enforce separations between 'good' and 'bad' students. Due to being expelled from school, participants in this study expressed feelings of '*being left behind*'. Tade puts it this way:

I felt bad because, at that time, I was supposed to be in SS3 (senior secondary school three). I wasn't able to write my WAEC because I was pregnant. Now I should have finished secondary school and been in the university with some of my classmates, but I wasn't able to graduate with them because of that pregnancy.

Tade (pregnant at 15 years, interviewed at 18 years)

As shown in the above narrative, the suspension of education can result in academic delays amongst pregnant female teenagers. Data gathered across participants narratives also show that expulsion can sometimes impact on young mother's effective reintegration into school after their pregnancies as many young mothers reported lack of support and difficulties in returning to school or getting into new schools. Thus, for most of them, expulsions marked the end of their academic pursuits, contributing to the already high rate of school drop-out among females in Nigeria (Onyeka et al., 2012).

Furthermore, many young mothers in this study felt that their educational disruptions had impacted on their socio-economic status as they struggled to find well-paying jobs due to their low academic achievements. Participants stated that many jobs often required graduate-entry qualifications and this always '*automatically disqualified them*' from applying. Studies conducted worldwide have linked individuals' socioeconomic status to their level of education and found strong positive correlations between these two variables (Broer et al., 2019; Tieben & Wolbers, 2010). In this study, it was apparent that pregnancy in itself did not discourage education among pregnant teenagers, but the discriminatory policies and sanctions upheld by the schools do. It therefore implies that the negative attitudes of educational institutions towards pregnant teenagers (which functions by expelling young women from school because of pregnancy) only worsens their economic outcomes and deepens gender inequality.

6.5.2 Reinforcement of stereotypes

Because of the strong stereotypes associated with teenage pregnancy and motherhood, participants expressed frustrations in trying to manage their *spoiled identities*. Many participants in this study noted that people immediately made negative assumptions about them due to their status as young mothers. As such, they were always defending their reputations, generally ineffectively:

Many of them will just see me and abuse me that as young as I am, I have allowed men to defile me that only God knows since when I have been doing this kind of thing (having sex) that this one now turned to pregnancy. How many people do I want to explain to that it is my first attempt that turned to this, nobody? I just accepted my fate.

Tanwa (pregnant at 15 years, interviewed at 30 years)

Bose, using a picture of a woman in bondage to describe how she felt ‘*caged*’ by her status as a young mother, also shared a similar experience as she stated that she was constantly tired of having to defend herself to others:



There was nothing I could do; I was tired of explaining and defending myself, so I just had to accept my fate because I knew that I had overstepped my boundaries by getting

pregnant. If they say I am promiscuous, I just let people believe what they want to believe.

Bose (pregnant at 15 years, interviewed at 30 years)

Both Tanwa and Bose felt wrongly judged by the members of their community. According to Link and Phelan, (2014), non-stigmatised individuals tend to use stereotypes to form an image of a stigmatised individual and these tend to influence how people perceive and react to them. Hence, challenging these negative stereotypes can be difficult for marginalized groups due to power imbalances present in forming and strengthening stereotypes (*ibid*). Despite some participants' efforts to distance themselves from the negative social representation of teenage pregnancy and motherhood (as will be discussed in chapter eight), they often felt powerless in changing the stereotypes attached to their social identities. This shows how people in possession of power can enforce and reinforce stereotypes leading to stigma among marginalized groups.

6.5.3 Abuse as an exercise of power

Due to the 'disgrace' that young women brought to their families, parents often sought to punish their daughters for their deviant behaviours. According to Bos et al., (2013), the process of stigmatisation involves a power dynamic in which stigmatised individuals are often the recipients of harsh reprimands from those that stigmatise them. Participants in this study noted that as a result of their pregnancies, parents were often physically aggressive towards them. For example, Tanwa and Abiodun experienced physical assault from their parents after disclosing to them that they were pregnant:

My mother and my dad were angry, and they beat me so much because I had disgraced the whole family. I was beaten mercilessly even at the slightest provocation.

Tanwa (pregnant at 15 years, interviewed at 30 years)

Before [the pregnancy], I could go to my mother's room and take anything I liked but once I got pregnant, I could not go to my mother's room to take anything. She would just slap me and talk to me anyhow.

Abiodun (pregnant at 18 years, interviewed at 24 years)

From the above responses, parents used violence as a form of power to punish young mothers for not conforming to societal norms and expectations. Because parents had more influence on

the socialization and formation of the identity of their children, many of the participants noted that these acts of physical violence made them feel like ‘devalued’, ‘different’ and ‘unwanted’ members of society.

While some participants experienced physical aggression from their parents, Sade and Bola explained how their experiences of being maltreated made them abscond from their homes:

When I got pregnant, my parents stopped giving me food. Whenever I tell them I was hungry, they would ask me if they were the ones that got me pregnant or put me in the misery that I was in. These troubles became much because my parents were always hiding their food away from me. Because I was so hungry, I will eat the leftovers from the bin. When I could not endure this again, I eventually had to run away from home and my parents never bothered to look for me.

Sade (pregnant at 15 years, interviewed at 30 years)

I had to run away from the house because they were talking and behaving badly towards me; they stopped giving me money, they stopped giving me food, they beat and taunted me. Their hurtful words did not let me sleep and it began to affect me... When I ran away, they did not even bother to look for me or ask me how I was coping with the pregnancy.

Bola (pregnant at 16 years, interviewed at 26 years)

A family is the most basic unit of society where individuals are supposed to receive care and support, and find closure and shelter when confronted with external pressures and distress (Ajayi and Somefun, 2019). Hence, Sade being deprived of food by her family provides an insight into the level of resentment she encountered within her household because of her pregnancy. Food is a basic need of life (Maslow, 1954), thus, by depriving young mothers of food as a form of punishment for their deviant behaviours, parents of participants uphold moral norms which function to reduce unmarried pregnant girls to *tainted discredited people*.

Furthermore, Bola and Sade used phrases such as ‘*never bothered to look for me*’ to express how they fell out of favour with their families due to their pregnancies. From their statements, it can be deduced that parents of pregnant participants sometimes alienate themselves from their children, leave them without support and show no concern for their welfare (a form of abuse). This not only shows the impacts that stigmatisation can have on young mother’s interpersonal relationships but demonstrates the power that parents can wield in subjecting their daughters to

negative life outcomes due to lack of support (this will be discussed in more detail in chapter seven).

6.5.4 Gendered stigmatisation

Findings from this study suggest that gender plays a crucial role in influencing how the social consequences of teenage pregnancy and motherhood are apportioned. This can be deduced from Regina's statement:

The way they will treat the girl is different from the way they will treat the boy. Most times, you don't even know that the boy has impregnated anybody. It's only the girls that are always on the receiving side because the boy doesn't carry pregnancy so the boy will still be in school. The boy may even deny the pregnancy, and nothing will happen. So, it's always the girls that are most of the time, on the receiving side. It's the girl that is pushing the tummy [carrying the pregnancy], so there is no way she can hide from it.

Regina, Teacher

Regina's statement shows how male partners are usually absolved of the consequences and stigma associated with early pregnancy and childbearing because female teenagers have *visible markers for stigma* (their pregnancies) (McDermott et al., 2004, p.28), which cannot be seen in their male partners. By stating that '*it is only the girls that are on the receiving side*', Regina confirms experiences of participants in this study which show that pregnant teenagers are often expelled from school, socially isolated, rejected by their parents, stereotyped, stigmatised, and discriminated against which is usually not the case with their partners. This gendered approach to stigmatisation is also highlighted by Marcy:

The problems that boys will experience is not as much as that of the girl that gets pregnant because they [boys] still continue with their school if they deny that they are responsible for the pregnancy. So, most times, the boy escapes especially if he denies the pregnancy but the girl that is pregnant is the one that feels it and carries the burden, the insult the blame, all the emotional trauma. She is the one that is seen as promiscuous not the boy.

Marcy, Women community leader

Marcy's statement also shows how male partners can easily avoid stigma and the negative consequences attached to early pregnancy and motherhood by simply verbally denying a pregnancy. This shows the prevalence of male advantage within the study area. Furthermore, by using derogatory words to stereotype teenagers who get pregnant, society assigns promiscuity as a character fault of the female. This notion is not held about the male partners who impregnate them. Therefore, female teenagers bear most of the negative consequences of teenage pregnancy and motherhood, thus, constituting a gender bias (Moletsane et al., 2015).

Analysis across key informants' interviews also suggest that negative attitude towards young women who become pregnant out of wedlock is a calculated response to deter other female teenagers from engaging in sexual activities. In her response, Esther states:

My view is that yes, they can be stigmatised. They can be beaten and removed from school...The reason for the stigmatisation and the mockery is to correct the girl from further going into that path or make the girl a scapegoat for other girls not to follow that path because it's not a good part.

Esther, Chief

Evident in this narrative is the exercise of power wielded by people in positions of authority in reinforcing stigma among female teenagers, which further strengthens the inequality present between the male and female gender. As indicated by the key informants and apparent in this study, the social progression of pregnant teenagers and teenage mothers are often systematically blocked by society through stigma. Hence, due to their gender, female teenagers are at the receiving end of a spectrum of the negative consequences associated with teenage pregnancy and motherhood. It can be implied that the opposition mounted by the society prevent young mothers from thriving on the same platforms as their male and non-pregnant counterparts.

6.6 Summary and conclusion

While pregnancy and motherhood are often celebrated and considered an acceptable rite for females, teenage pregnancy and motherhood is seen as a social problem because it deviates from society's cultural norms and expectations of how pregnancy and motherhood should occur. As participants were seen to have engaged in unacceptable behaviour by becoming pregnant, they experienced marginalisation and exclusion within their societies. Using Link and Phelan's (2001) analysis of the components of stigma, this chapter explored young mothers' experiences of stigma across multi-levels within society.

Because young women become pregnant young, they were often labelled and stereotyped by other members of the community. This act of labelling and stereotyping participants came with serious consequences ranging from social isolation and abuse to excommunication from religious gatherings. Participants spoke of how they were often labelled as promiscuous and their pregnancies were tagged shameful pregnancies because they became pregnant young. In some instances, participants noted how they were abused by their parents and isolated from community members because they were seen to deviate from the acceptable moral standards of the South-Western Society. This act of stereotyping often led to feelings of differentness for young mothers, showing how stigma is used to separate good from bad (US vs Them).

Participants also experienced status loss and discrimination due to teenage pregnancy and motherhood. Young mothers spoke of how they became devalued and how their opinions were deemed irrelevant due to their lowly acquired status as pregnant teenagers. For some young women, their prospects of educational progression and securing a well-paying job were also threatened by educational institutional policies of expulsion. Thus, they experienced financial and educational challenges which made them more likely to have lower incomes and lower educational achievements. This showed the power dynamics central to the creation of stigma.

These experiences of stigma and discrimination had far reaching consequences on the mental health and socio-economic outcomes of young mothers. Findings from this study showed that due to the social exclusion, stigmatisation and discrimination experienced by young mothers from their families, churches, schools, and communities, they experienced feelings of shame, self-doubt and in some severe cases, suicidal ideations. Furthermore, due to fears and experiences of stigma, a few participants dropped out of school while others stopped accessing healthcare services. This showed how stigma played a role in limiting young women's abilities in procuring better health and educational outcomes for themselves and by extension, their children.

This chapter therefore challenges the popular school of thought which assigns a causal role to teenage pregnancy and motherhood with poor economic, health and social outcomes (Ijarotimi et al., 2019; Oyeyemi et al., 2019) by suggesting that the social consequences of stigmatisation and discrimination imposed on female teenagers by the society contributes to these poor outcomes. Having identified the struggles of pregnant teenagers and young mothers in relation to stigma as well as the inequalities associated with the social consequences of the subject

matter, the next chapter will focus on the various measures that young mothers adopted to cope with the negative societal attitudes towards teenage pregnancy and motherhood.

Chapter Seven

7 Managing Stigma

The aim of this chapter is to explore how young mothers manage the effects of stigma on their social representations within society. Folkman & Lazarus (1984, p.141) defines coping as *“cognitive and behavioural efforts to master, reduce, or tolerate the internal and/or external demands that are created by stressful situations.”* In this study, while young mothers were aware that their circumstances were counter-normative and felt ashamed for their ‘wrongdoings’, they actively attempted to protect themselves from the negative effects of stigma and mitigate its consequences. In this chapter, these efforts will be conceptualised as coping strategies and the external support mechanisms which helped them manage stigma will be known as stigma management strategies.

Although all young mothers engaged in various coping strategies to manage the effects of stigma, it did not follow a sequential order. This therefore suggests that the utilization of coping strategies is not linear but complex. This chapter will discuss young mothers’ coping strategies, stigma management strategies and its implications. It will also incorporate the pictures which young mothers drew upon to narrate their stories and buttress their quotations.

To guide the reader, I restate the research question relevant to this theme:

- How do unmarried young mothers cope with and manage their social representations within the society they live in?

To address the research question, I will present and discuss the general themes, distinguishing between individual approaches (such as; belief in predestination, avoidance, concealment, change in environment and cohabiting) and the role of societal support in stigma management which influenced how young mothers were able to counteract stigma.

7.1 Individual approaches to managing stigma

As discussed in the literature review, because our self-image is tied to the need of approval from others (Davis et al., 2015), when we possess traits that negate the positive public images that we try to portray, we engage in actions that will preserve or salvage our self-image (i.e., save face) (Goffman, 1969). These actions are defined in this section as individual coping strategies. Drawing on concepts from Goffman’s (1963, 1969) works and Cooley’s (1902) concept of *Looking-glass-self*; as well as more recent academic literature on coping strategies, this section

will present a discussion on the individual coping strategies (belief in predestination, avoidance, concealment, change of environment and cohabiting) which young mothers adopted to manage their stigmatised identities within society.

7.1.1 Belief in predestination

A few young mothers in this study presented that their pregnancies were an act of God. In their narratives, they described their pregnancies as being part of a higher purpose and suggested that they were simply following the path pre-destined for them by God. Tinu and Tayo shed light on these beliefs below:

It was God that allowed me to be pregnant anyway because I did not plan to get pregnant. This may be what God planned for my destiny and I am following in the path that God planned for me. I do not think that I had any control over getting pregnant. If God says that getting pregnant and giving birth, I want to use it to delay you so that your future will be good, God can decide to write one's destiny like that. All of these things I am going through may be God's way of directing me.

Tinu (pregnant at 15 years, interviewed at 20 years)

I did not want to get pregnant, but I think mine was pre-destined. If God has destined that it will happen, it will happen, it is pre-destined. If God has said that you will give birth as a teenager, there is no way one can do it or try to avoid it, it will still happen. So, I do not think it was avoidable for me. I am just following the path God chose for me.

Tayo (pregnant at 15 years, interviewed at 20 years)

The Yoruba culture has traditional beliefs that whatever happens to an individual is pre-destined (Rotimi, 2016). Therefore, it is not uncommon for people to assume that they are following the plan thought out for them by a supreme deity when they are faced with difficult situations. Here, young women use the belief of predestination to rationalize and cope with the social stress they experienced during their pregnancies and motherhood. In Tinu's excerpt, she tries to absolve herself from taking responsibility for her pregnancy by suggesting that God played a directive role in using her pregnancy to 'delay' her. Similarly, Tayo's statement assumes that the path destined for her was something that was beyond her control. In this way, participants engage in a process similar to *saving face* (see section 3.5.6)

In suggesting that it was God that pre-planned their pregnancies, Tinu and Tayo try to demonstrate that their pregnancies were beyond their individual control. Thus, by using religious and traditional beliefs of predestination, participants in this study drew on a similar concept of saving face as proposed by Goffman which states that; “*in saving face, individuals can portray their offence as unintended so that those who perceive the act can feel that they would have attempted to avoid it if they had foreseen the consequences or had control over it*” (Goffman 1969, p. 10).

From findings across some participants’ accounts, practising these traditional and religious beliefs increased their abilities to manage stressful situations, which served as an internal coping measure for managing the effects of stigma.

7.1.2 Avoidance

Due to the gossips and taunts that young mothers experienced as a result of their pregnancies (as discussed in chapter six), all young mothers in this study reported having feelings of shame. In reaction to this, some young mothers noted that they sometimes avoided encountering friends and colleagues:

Whenever I see my mates, I will become ashamed. Sometimes I will run and hide. I could not walk in their midst because I felt they would be making fun of me.

Bose (pregnant at 15 years, interviewed at 30 years)

Because all my classmates were already at the university then and I was pregnant. Whenever I see them, I used to run and hide from them because I was ashamed.

Sade (pregnant at 15 years, interviewed at 30 years)

As seen in chapter six because participants in this study internalised the social assumptions that they had failed as members of the society by becoming pregnant, they often felt ashamed. Even though Bose and Sade did not state that their colleagues discriminated against them, they still felt ashamed and anticipated that their friends would make jest of them and thus hid themselves from their friends and colleagues. Following the concept of *looking-glass-self* by Cooley (1902) which posits that individuals base their concepts of self on how they believe that others are perceiving them, it can be implied that participants were affected by “*the imagination of their*

appearance to others” (p.181) and *“the imagination of how others will react to that appearance”* (p.181)

As participants anticipated that people would make fun of them, they actively avoided public places. These acts of avoidance were mostly used for places and in situations where they had previously encountered stigma:

When I was pregnant, I never went out. For about six months, I was just staying indoors because I was worried about how people would look at me if I should step into the neighbourhood. I already heard what people were saying about me which was very bad, so I just stayed at home all the time. When my boyfriend goes to work, I would lock myself up in the room until he comes back and sometimes when he comes back, I would still not leave the room. He would then get what we would eat because I couldn't even enter the kitchen just in case, I met someone that would begin to make fun of me.

Itunnu (pregnant at 15 years, interviewed at 20 years)

I could not go out at all because people were always making fun of me in the area. I will not bathe or brush my teeth so that people will not see me, I will only come out at 8pm in the night when nobody will be able to recognize me in the dark

Sade (pregnant at 15 years, interviewed at 30 years)

The above narratives are consistent with studies conducted by Fessler (2008) and Ellis-Sloan (2014), which note that pregnant teenagers and teenage mothers try to avoid places or situations where they feel that they can be exposed to stigmatisation. While avoidance as a coping mechanism can be seen as a passive reaction to stigma and has been documented in literatures as such (Miller & Kaiser, 2001), it can be argued that participants limitation of their outings to specific times of the day, their refusal to cook and tend to their personal hygiene, as highlighted by Itunnu and Sade's accounts show how they actively use *avoidance* to manage the effects of stigma. It can thus be suggested that young mothers enact agency by using *avoidance* to manage the negativity and stress associated with their circumstances. Nevertheless, it is necessary to point out that avoiding public spaces can have negative implications for the wellbeing of young mothers as studies have shown that when pregnant teenagers and teenage mothers use *avoidance*, it can limit their access to support and reinforce isolation (Ellis-Sloan, 2014; Ellis-Sloan & Tamplin, 2019; Whitley & Kirmayer, 2008). This will be unpacked further in the next sub-theme.

7.1.3 Change of Environment

To avoid being ridiculed, some young mothers in this study moved to a new environment where their backgrounds were largely unknown. For some of the participants, this involved relocating to the outskirts of town and joining their partner's families:

When I got pregnant and my parents rejected me, I went to stay with my boyfriend and so I changed churches, friends, and environment. This did not allow people to know my background and so this reduced any form of embarrassment for me.

Ajoke (pregnant at 17 years, interviewed at 23 years)

When I got pregnant, I went to stay at the outskirts of Ife because of the way people around me were treating me. There, many people did not know me very well or my age in my new place, so my shame was small and reduced. This made it easier for me to cope.

Tope (pregnant at 16 years, interviewed at 23 years)

While it is imperative to note that this strategy was not always due to individual choice (as some young mothers were forced to relocate due to abandonment and neglect from their immediate families), participants who relocated noted that these acts often limited their exposure to stigma because they were able to manage information about their age and marital status. Because some of the participants had big statures, they stated that they were often perceived to be young pregnant adults or newly wedded wives. Based on these assumptions, they were mostly treated with the respect accorded to pregnant adults. This provided participants with a feeling of acceptance and inclusion. Although their relocation helped to control their social situations and exposure to stigma, it is imperative to note that this can also worsen the existing social isolation and limit young women's access to support. For example, Ajoke and Tope were abandoned by their parents for becoming pregnant and had to live with their partners. However, they detail how things changed from support to abuse within a few months of moving in with their partners:

She [partner's mother] treated me very badly. She would beat me and wouldn't give me food. She would tell me that she would make me suffer...She was very mean to me, but I did not have a choice because I had nowhere else to go. I had nobody to run to, so I had to stay there...my boyfriend too, after I came to live with him and his mother, he began to beat me as well. He would just start beating me and throw all my clothes outside and

ask me to leave, but I had no place to go. My former friends did not know my whereabouts so nobody could help me.

Ajoke (pregnant at 17 years, interviewed at 23 years)

A few months after I moved in with him [partner], he began to beat me. He always beat me till there were marks all over my body. He would beat me all over my body except for my face to hide the maltreatment. He would beat me with cloth hangers and wires from the [electricity] generator till all my body would be swollen. He would lock the kitchen door and not allow me to eat. I suffered a lot. I was so thin and malnourished. He always locked me outside in the rain and he made me sleep outside a lot during the pregnancy. I wanted to die. I wanted to leave but I had nowhere to go, nobody could help me because I was in a different place from my former place.

Tope (pregnant at 16 years, interviewed at 23 years)

Ajoke and Tope describe feeling helpless in resolving their situations because they were in new environments which meant that they were socially isolated from friends and family. In their narratives, they explained how ‘*not having anyone to turn to for help*’ often made them feel ‘*depressed*’ and ‘*alone*’. Hence, while their change in environment helped to initially limit their exposure to stigma (short-term protection), it later became counter-productive because it further isolated them and made them vulnerable to acts of violence from their partners and their partner’s families (long-term consequences). The above narratives therefore show how efforts to manage the effects of stigma intersect to worsen the vulnerability of young mothers to social isolation and domestic violence. In individual efforts to manage the effects of stigma, young women can therefore encounter social problems that can further *spoil* their identities.

7.1.4 Concealment

Some of the participants in this study put up false appearances to assume a status that would be more socially acceptable. A few young mothers noted that they often lied about their social circumstances to make it look like they were thriving. These often included; concealing the true nature of their relationships with their partners to others and concealing their real financial situations. For instance, using a picture depicting deception, Ajoke explained how she tried to conceal her real situation from others:



I would act fine so that people would think I was fine. Sometimes I would go out and buy things and say it was my boyfriend that bought it for me even though I know that he was not the one. I had to dress well anytime I go out and spend money well so that people would not think that I was suffering but the truth is that I was suffering, and I am still suffering. I did it so that they would stop making fun of me and stop disgracing me.

Ajoke (pregnant at 17 years, interviewed at 23 years)

By concealing the true nature of their circumstances, some participants try to manage societal impressions in attempts to manage the effects of stigma. This is what Goffman (1969) refers to as impression management. Using a dramaturgical metaphor, Goffman (1969) posits that individuals often engage in ‘theatrical performances’ in attempts to construct an image and maintain an ‘impression’ of themselves by living up to the standards by which they are being judged. This is usually done by emphasizing acceptable traits and suppressing (or being deceptive about) aspects of their attributes which may taint the impression that they are trying to convey (*ibid*). Leary, (2019) suggests that in this way, all individuals engage in a staged production of social reality in their interaction with others. It can thus be implied that by altering

their stories, participants use this act of impression management to exert control over how their ‘audience’ perceives them and how they (audience) use the information given to them (by the participants) to form an impression (of the young mothers).

Nevertheless, this act of concealing stigma can also exacerbate negative outcomes (Ellis-Sloan & Tamplin, 2019). In attempts to manage people’s perceptions, the act of impression management can impose pressure on individuals to meet the expectation of the audience. For example, Ajoke’s false depiction for herself and her circumstances may mean that she has to put up appearances anytime she is involved in a social encounter with others. In order to do this, she might have to divert limited resources to maintain the positive image which she has created of herself. Therefore, fewer financial resources may be available to meet her daily needs. Hence, using concealment as an attempt to manage stigma can also have dual effects of managing and worsening the circumstances surrounding stigma.

7.1.5 Cohabiting

Due to the patriarchal nature of the society, unmarried young mothers often face double stigma; first, for getting pregnant as teenagers, and second, by being single mothers. As a result, participants often experienced difficulties in developing new relationships after being estranged from their partners:

The bad thing is that many men will not want to date you because you are a single mother. Whenever I tell any man that I have a baby, they would be like they can’t do this and feel like I was too young for that and they run. So that has been a disadvantage.

Kike (pregnant at 16 years, interviewed at 20 years)

No man wants to date a single mother or someone that gave birth young. When they hear that you have given birth before, they would say that they can’t marry someone that has had a child before. That is why I am still the way I am, that is why I have not married.

Bola (pregnant at 16 years, interviewed at 26 years)

Because participants in this study were aware of the implications of being both single mothers and teenage mothers, they often expressed concerns over how they will be viewed by the society and how they will be able to develop future romantic relationships. Thus, to manage these fears,

a few young mothers resorted to living with their partners in the hopes of working out a marriage:

It is a known thing here that it will be very difficult for you to find someone to marry you if you have a child. So, most of us just stay with the person that impregnated us. He [partner] is the one I am currently in a relationship with and we live together. I hope he marries me soon.

Dunni (pregnant at 16 years, interviewed at 21 years)

If I have the opportunity, I will leave where I am now [partner's place]. But I can't because if I try it, people will start talking and saying bad things about me and my child.

Wura (pregnant at 16 years, interviewed at 23 years)

Here, Goffman (1981)'s concept of frame in defining social situations may be useful in providing insights as to why young mothers cohabit with their partners to avoid the double stigma of teenage pregnancy and motherhood. In Goffman's work *Frame Analysis*, he suggests that individuals often interpret social situations and individual identities based on given social and cultural definitions of a phenomenon (*ibid*). These socio-cultural definitions which help an individual to make sense of social situations are what are known as 'frames.' According to Goffman (1959; p. 24); "*when an individual projects a particular image, he automatically exerts a demand upon others to value and treat him in the manner that the image he is impersonating should expect.*" Because individuals living in a society are often guided by frames, when people model their behaviour or situations in accordance with predominant frames, they are often treated according to the social markers of the situations they are trying to model.

By cohabiting with their partners, young mothers try to manage the effects of stigma by creating a picture of a stable family and project an ideal which is similar to the culturally and socially acceptable definitions of a family. While this can be interpreted as agency, this also shows how the agency is constrained by social framing. For example, as can be seen in Wura's narrative, her decision to live with her partner is borne out of necessity to conform to the societal frames of family rather than her own volition. Thus, participants' enactment of agency in limiting their exposure to stigma, was done within the confines of societal expectations and norms.

Additionally, findings from this study showed that co-habiting with a partner can limit young mothers' autonomy and decision making regarding their sexual and reproductive health as participants spoke of difficulties in negotiating use of contraception within their relationships. Thus, most of the participants who were cohabiting with their partners conceived a few months after their first deliveries:

Like 7 months after my first child, I got pregnant again. I was not really happy about this because I was hoping to just nurse my child for a year and go back to school. I did not want to get pregnant again, but I couldn't refuse him [partner] from having sex with me because he had the right since we were living together...the second pregnancy really delayed my plans. It took me like two extra years to get back on my feet again.

Funke (pregnant at 17 years, interviewed at 25 years)

It can therefore be argued that for these participants, while co-habiting can serve as an effective means of mitigating stigma, Funke's story highlight how this can delay young women's educational attainment and their future aspirations within the study area.

7.2 Role of support in stigma management

This section moves from looking at individual strategies (as discussed in section 7.1 above) to the role that support can play in stigma management. While previous chapters (see for example; chapter six) underscored the negative roles that society plays in shaping the experiences of pregnant teenagers and young mothers, this section will show how the society can play a role in managing the effects of stigma.

Research literature has shown how access to support can be protective against stigma (see for example;; O'Brien et al., 2015; Stapleton 2010). Therefore when pregnant teenagers receive support, they can have better life outcomes (*ibid*) and be able to overcome the negative consequences of giving birth early (Bunting & McAuley, 2004; Kim et al., 2014). Findings from this study show that while a few participants had support and it was seen as an effective means of managing stigma, the majority of the participants did not have access to assistance either from their partners, families or the community. This section identifies how social institutions can play a positive role in shaping the circumstances of young mothers by comparing the outcomes of those who received social support with those that did not.

In this section, the different dimensions of support; structural (i.e., social networks); functional (i.e., showing concern, encouragement); and instrumental (i.e., providing material assistance) and how this helped in mitigating against the negative outcomes of stigma for unmarried young mothers will be discussed. This section will also discuss the multiplier effects of the lack of such supports and how this can exacerbate the effects of stigma.

7.2.1 Role of partner support in stigma management

There was a consensus amongst participants and key informants that when a partner accepts responsibility for a young woman's pregnancy or pays her bride price to show support for her, it goes a long way in reducing the shame that unmarried young women face:

It is one thing for a girl to get pregnant, the problem of that one is there, it is another thing for the guy to reject the pregnancy, that one is double problem, it is a big one. If her partner accepts responsibility, the shame gets reduced because he claimed ownership for it, he accepted her.

Esther, female chief

Esther is suggesting that finding someone to accept responsibility for a pregnancy can help to manage an individual's experience of stigma. Participants in this study also stated that when their partners took up responsibilities for their pregnancies, it helped them to manage their social circumstances. For instance, Bose's partner who was a colleague of hers in class decided to learn a trade alongside schooling to support her financially:

He accepted responsibility for the pregnancy, but he did not have a job, he was just a small boy because we were both in JSSI when I got pregnant. He decided to learn a trade alongside schooling so that he would be able to take care of me and the baby that was coming. So, the little money he was making, he was using it to take care of me. This made me feel encouraged because I had someone who was taking responsibility for my pregnancy. It also made me feel like me and my child will be fine despite the things they said about us.

Bose (pregnant at 15 years, interviewed at 30 years)

As noted in Bose's quote, the emotional, financial, and social support that she received from her partner helped her to feel that she could overcome the effects of stigma. This was similar to

findings across other participants' who stated that they were able to manage the responsibilities of pregnancy and motherhood (such as childcare expenses, hospital expenses and daycare expenses) and mitigate some of the effects of stigma (such as poor socio-economic and health outcomes for mother and child), based on the social support they received from their partners. While a few young mothers in this study had partners who supported them, the majority of the participants in this study stated that their partners denied responsibilities for their pregnancies:

When I told him that I was pregnant, for the next three months, he stopped picking my calls. I then tried to call him with another line but whenever he heard my voice, he would cut the line because he didn't want to be associated with me. He never accepted responsibility for my pregnancy.

Sade (pregnant at 15 years, interviewed at 30 years)

When I told him I was pregnant, he denied the pregnancy and he began to avoid me. We could walk past each other, and he would act like he never knew me because he didn't want people to know that we were once together.

Sayo (pregnant at 15 years, interviewed at 20 years)

These denials of pregnancy were seen to create feelings of anxiety because young mothers were aware of the implications that it carried. To resolve these feelings, some young mothers sought the help of their partners' families in helping them to manage the situation. However, when participants tried to turn to their partners' parents for support, most reported experiencing rejection:

My parents took me to the family house of my baby's father but when I got there, the parents of the guy in question told me that they sent their child to go and study, not to go and impregnate anybody so they denied the baby, they denied responsibility. The guy said that he was not responsible, he denied it and his parents too denied the pregnancy, so I was left to myself.

Tanwa (pregnant at 15 years, interviewed at 30 years)

When I told him that I was pregnant, he said that he was not ready for that and that he was still going to school and he became very adamant about it. When we went to his mother too, she also refused and said she sent her son to school and not to get any girl pregnant.

Tayo (pregnant at 15 years, interviewed at 20 years)

This is in contrast to Toke's experience who noted that her partners' mother played a supportive role in encouraging her son to accept responsibility for her pregnancy:

When I told him I was pregnant, he was saying; I can't be pregnant, he's not ready to be a father, he is not expecting a baby, he does not even have anything to be a father now, I should go and abort. So, I went to meet his mother and she called him and talked to him that he has to be a man and accept responsibility for the pregnancy and so he did. This made me feel a lot better because I was wondering how I would be able to cope with everything.

Toke (pregnant at 16 years, interviewed at 21 years)

Comparing these narratives, the roles that partners' parents can play in helping young mothers to manage the effects of stigma is evident. Because of the role Toke's partner's mother played in ensuring that her son took responsibility for her pregnancy, Toke noted that she felt relieved and reassured that she could cope better with the circumstances surrounding her social situation. On the other hand, Tanwa and Tayo reported feeling overwhelmed, dejected, and further isolated from their social communities because of the double rejection they experienced.

Due to the outright rejection that some young mothers in this study experienced from their partner's and their partner's families, they often encountered taunts from community members. Grappling with emotion, Sayo explains her experiences this way:

Because he denied responsibility for my pregnancy, people started saying that I gave birth to a child who has no father and that I got pregnant and nobody claimed responsibility for it. They said I was a prostitute and that's why I do not know the father of my baby. This just made me frustrated, I just felt like giving up. What hurt me most is what that man did to me, assuming he accepted me, I will still be respected because people will say that she had someone to take responsibility for the pregnancy. Even though he had not paid my bride price, it would have been better if he accepted the pregnancy...he destroyed my life by rejecting me.

Sayo (pregnant at 15 years, interviewed at 20 years)

Here, Sayo highlights how acceptance by her partner could have been a protective barrier against stigma. By using a strongly emotive phrase '*he destroyed my life*' to explain how her partner

got her pregnant and denied responsibility for it, Sayo describes how the impact of her partner's rejection affected her perception of self and limited her resilience in overcoming the negative consequences associated with teenage pregnancy and motherhood. In this way, her ability to manage the effects of stigma was compromised.

7.2.2 Role of financial support in stigma management

A few participants in this study noted that they were able to access financial support from their families, loved ones and neighbours during and after their pregnancies. This support often involved the provision of shelter, food and material supplies to enable them to become independent. For example, Funke described how she received such support from her family and partner's family:

When I gave birth, they [partner's family] sent me to go and learn to tailor. They provided everything that I would need to start work as an apprentice. They bought me a singer machine for me to be using to practice and they did not ask anything from my family. My mother also gave me money to establish myself and open my shop, even my freezer, it was my mother that gave me the money for it. My father paid for the shop and he also did a few things to beautify the shop while my partner gave me the money that I used to buy goods into the shop, like the tailor accessories that I am using, it was my partner that gave me money for it.

Funke (pregnant at 17 years, interviewed at 25 years)

Similarly, Abiodun stated how she received support from her parents:

Sometimes he [partner] would refuse to provide for us and say he does not have money but because I have my parents, I have support. I am not worried about not receiving support from him. Whenever I need anything, I just tell my family and that's all.

Abiodun (pregnant at 18 years, interviewed at 24 years)

Funke lived with her partner's mother and Abiodun continued to live with her parents when she became pregnant. During their pregnancies, both Funke and Abiodun had to drop out of school due to stigma and were thus unable to write their final secondary school exams. As secondary school dropouts and pregnant teenagers, they noted that finding employment was difficult and this often made them wonder how they would cope financially with their new-borns. However,

due to the support that they both received, Funke was able to fare well financially while Abiodun was able to minimize economic dependence on her partner due to the support she was receiving from her parents. This helped them to manage the socio-economic challenges often associated with their circumstances.

While Funke and Abiodun reported being supported to become financially independent, the majority of young mothers in this study struggled to make ends meet due to the lack of support occasioned by their families being disappointed in their pregnancies. As a result, most of the participants reported being estranged from their families and this often placed them in compromising situations. For instance, Ajoke who was in an abusive relationship with her partner as at the time of the interview (see section 7.1.3), described how her partner did not allow her to work as a tailor after her training:

Most people that know that I trained to be a tailor always ask me why I have not opened a shop, I tell them that where is the money? Where will I find the money? My parents have abandoned me, and my boyfriend is very wicked, so I have no help. I am really suffering because I do not have anyone to help me.

Ajoke (pregnant at 17 years, interviewed at 23 years)

While Ajoke has a skill, which can help her to generate income and ease her economic challenges, her use of this skill is limited by her access to monetary assistance. By limiting her abilities to become economically independent, Ajoke's partner exemplifies how abusers can use tactics of control and isolation to ensure their victims' dependence on them (Rakovec-Felser, 2014). Although Ajoke notes that her outcomes will be better if she leaves, she states that she is constrained by lack of family support in helping her to become financially independent to manage on her own:

I know that things will be better if I leave but I don't have a choice, I have nowhere to go. If my parents can support me and help me with things that I can manage with, I will move out immediately.

Ajoke (pregnant at 17 years, interviewed at 23 years)

Here, the impact of lack of support in mitigating the negative effects of stigma is apparent. While both Abiodun and Ajoke have non-supportive partners, Abiodun has been able to manage her social circumstances effectively due to the extra support she receives from her parents.

Juxtaposing Abiodun's narrative with that of Ajoke's, it can be suggested that financial support can empower young women to be financially independent. This can go a long way in managing the negative stereotypes that associate unmarried young mothers with poor life outcomes.

Reception to support

It is important to note that even though Ajoke stated that she wanted support, when I asked if she would want to be linked with some social work services or non-governmental organizations for help, she turned it down. This contrast in her cry for help and her attitude towards the offer of help was initially confusing to me. However, upon further discussions with my supervisors and research into support, I have come to understand that offering support and the nature of support wanted can be complex. While people may want to be supported, they may also have reservations regarding the type of support being offered. In this way, they also display agency over choosing which type of support they are comfortable with.

7.2.3 Role of educational support in stigma management

It can be argued that this sub-section highlights young mother's experience of educational discrimination. However, it was deemed necessary to be placed here as it provides insights into how different types of support help with stigma management. All the participants in this study demonstrated interest in returning to school after giving birth, viewing education as important for lifetime success. They hoped to complete their education so that they could have a good career and be a good role-model to their children. However, this study shows that their educational progression was largely dependent on the level of support they received. Most of the participants noted difficulties in receiving social and financial supports in returning to school. Lola, for example, had to suspend her schooling because there was no one to care for her child:

I still really want to go back to school now so that I can be successful in life, but I do not have any help or support because everyone thinks I am unserious because I gave birth young. I do not have a place to put my child and I cannot manage (financially) to put her in school. I can't also take her to class; they [school authority] wouldn't allow that, so it's difficult.

Lola (pregnant at 17 years, interviewed at 20 years)

This is in contrast to Dunni, who was able to return to school after giving birth:

Immediately after I gave birth, my mother took my child from me and ensured that I went back to school. She helped me to manage with my baby and this helped me to really concentrate.

Dunni (pregnant at 16 years, interviewed at 21 years)

A comparison of Lola's story with that of Dunni's shows how young women's attempts to manage the negative stereotypes associated with young motherhood (i.e., teenage pregnancy and motherhood leads to low educational attainment) can be limited by structural and social barriers.

While Lola's difficulties were centred on childcare, the parents of Tanwa and Tola believed it was futile to continue investing in their education because they were sceptical about their possible future outcomes:

...even though they rejected me, when it comes to education, they could have overlooked the mistakes I made in the past and help me, but they didn't. They said that I should go and focus on my new education which is being a teenage mother. They said that since I am a girl, they would be wasting their resources sending me back to school because I would be unfocused.

Tanwa (pregnant at 15 years, interviewed at 30 years)

My parents said they could no longer send me to school after I gave birth because I was now a mother. They felt that they would just be wasting their money. They felt that I cannot be serious again and so there was no need for me to go to school again.

Tola (pregnant at 18 years, interviewed at 26 years)

According to Goffman (1969), society often tends to ascribe other non-related negative attributes to stigmatised individuals. For instance, it would be expected (drawing on cultural beliefs) that pregnant teenagers should be labelled as being deviants only and not necessarily as 'unfocused' or 'unserious' people who have no sense of direction in terms of ambitions and career goals. Tanwa and Tola's stories highlight how people make assumptions of individuals

with stigmatised identities and how these assumptions function to limit young women's abilities to overcome stereotypes and consequent impacts of stigma.

Although Tanwa and Tola's parents were reluctant in sponsoring their education after their pregnancies, Abiodun narrated how her mother paid for her child's nursery and sponsored her to teacher-training college to complete her education:

After I gave birth, I now continued with my education. My mother was the one that sponsored me to go back to school. She paid my fees, bought everything I needed and paid for my child's day-care.

Abiodun (pregnant at 18 years, interviewed at 24 years)

Comparing Tola, Tanwa and Abiodun's experiences, the assumption that young mothers cannot manage motherhood and schooling is unfounded because Abiodun who was sponsored by her mother was able to manage motherhood and complete her tertiary education alongside. Thus, while research has shown that teenage motherhood in Nigeria is a threat to education (Ekefre et al., 2014; Ogori et al., 2013), this study suggests that lack of support is a major contributing factor to this phenomenon rather than a cause and effect relationship.

Due to these socio-structural limitations, many young mothers in this study blamed their inability to return to school as responsible for their current socio-economic status:

It really pained me that the pregnancy did not allow me to finish my schooling. It really affects me because when I see my mates who went to university and how they speak, I always feel hurt. Look at my life, I did not go to school, I'm not doing anything except that I hawk rice on the street. It affected my future aspirations because as you know, it is someone that goes to school that would have a good job, someone that did not go to school will be lowly placed and will be hawking, and I am at that lowly place where I hawk to take care of myself and my child. I am just where I am, managing with my child.

Tutu (pregnant at 15 years, interviewed at 27 years)

After the delivery, catering for myself and the baby became difficult because I could not get a good job since I did not finish secondary school then. I was living in a house with no bed or anything at all. I had to sleep on cardboards that they use to wrap freezer and take care of my child. Till now I have not come out of the suffering because I have to

cater to my child's fees, her feeding and my own welfare and my pay doesn't bring much. Often times I and my child go days without food.

Lola (pregnant at 17 years, interviewed at 20 years)

Acknowledging potential differences in life outcomes, Funke attributed her relatively smoother experience to the good support she got from her family and partner's family:

The opportunity that I had; another person may not get it. My father supported me to go back to school and now I am earning well to take care of myself. The reason why I am talking like this is because I had people who accepted me. I have a friend that got pregnant like me when we were in SS2. Till date, she hawks food on the street, she is not doing well at all. So, we had different levels of support. I am doing well because I had people who helped me.

Funke (pregnant at 17 years, interviewed at 25 years)

In Funke's narrative, the appreciation of the support she received in overcoming the socio-economic challenges associated with teenage pregnancy and motherhood is evident. She painted a picture of herself compared with her classmate who also became pregnant and concluded that her life outcomes were different from that of her friends because of the support she received. Her narrative shows how support can help in managing the negative stereotypes associated with poor socio-economic outcomes for unmarried young mothers.

7.2.4 Role of supportive family and communities in stigma management

Although parents of young mothers had initially expressed anger and disappointment at the news of their pregnancies, a few of them subsequently played supportive roles to their daughters through encouragement and empathy. This transition from resentment to support was seen to be useful:

When it [the stigma] wants to affect me, I would sit down and be thinking of it and be crying, but my mother would talk to me that this isn't a good way to react in pregnancy, she will say; "you have to stand up and be strong, make yourself a valuable person in life". This is the reason why it didn't affect me, because anytime I wanted to think of it, my mother would encourage me.

Abiodun (pregnant at 18 years, interviewed at 24 years)

The major support I had was emotional support. Whenever I was tired and frustrated with the way people were reacting to me because my body was changing, my mother would tell me to take it easy. She would say that I will overcome this. She was always there for me.

Dunni (pregnant at 16 years, interviewed at 21 years)

The shift from initial stigmatising attitudes towards a more supportive approach in parental attitudes towards pregnant teenagers is important. According to Abiodun and Dunni, although their parents had initially expressed hostility towards them due to their pregnancies, subsequently, this hostility lessened, and parents became more accepting of their status. By becoming supportive, participants noted that this change fostered resilience, a sense of belonging and increased their capacity to cope with the effects of stigma.

Furthermore, a few participants in this study noted that receiving emotional and social support played a central role in their adjustment to their motherhood identities. For these young mothers, they noted that this support often centred on how to take care of their children and manage the stress of motherhood:

When I gave birth, his [partner] mother would care for the child and take him to the hospital while I focused well on my trade. Before I go out in the morning, I would breastfeed him and come back and do the remaining in the evening around 4. It is around 4 pm that I return to being a mother and so there was nothing stressful.

Funke (pregnant at 17 years, interviewed at 25 years)

It was my grandmother that taught me how to take care of the child. Whenever the child was having a high temperature, she would take me to the hospital and teach me how to use the medications prescribed. This made me feel that yes, I can take care of this child and that I could be a good mother.

Abiodun (pregnant at 18 years, interviewed at 24 years)

In their narratives, Funke and Abiodun discussed how their experiences of support enabled them to transition easily and become more confident in their mothering roles. They also noted how this assistance helped them to navigate their new responsibilities as mothers and provide them with an enabling environment to escape the difficulties of early motherhood. In this way, they

were able to manage the negative effects of the stigma attached to their motherhood identities (i.e., that young mothers are unfit mothers).

In addition to the emotional and social support offered by family members, some participants in this study noted that they received support from some community members after their pregnancies. Dunni and Bola noted how community members became more socially supportive of them, even in taking care of their children, despite being initially unsupportive during their pregnancies:

They [community members] felt that it was a terrible thing to get pregnant at a young age, but when I gave birth, they changed. They helped me to carry my child and played with my child. They really changed. Although they still scold me, they are more lenient now. Even now, whenever they see my child, they rush to help me to take care of the child so that I can rest. They now encourage me and have really reduced making fun of me.

Dunni (pregnant at 16 years, interviewed at 21 years)

When I was pregnant, they really treated me badly but when I gave birth, they [community members] became more lenient with me and began to advise and encourage me. They advised me on how to take care of the child.

Bola (pregnant at 16 years, interviewed at 26 years)

This change in attitude by community members was seen to be beneficial in managing the effects of stigma as young mothers noted that they often received financial, emotional and social support from neighbours and friends. Furthermore, this change also caused a few participants in this study to perceive their children as symbols of fortune. As a result, these young mothers had positive feelings about their identities and about motherhood:

My daughter drew people to help me. She also brought good things to me. I suffered during the pregnancy but when I gave birth to her, I received a lot of support and surprises from places that I did not think I could receive help from. I began to think to myself that maybe being a young mother is not that bad because she brought good fortunes to me.

Dunni (pregnant at 16 years, interviewed at 21 years)

In Dunni's narrative, she begins to reconsider the construction of teenage motherhood as problematic due to the support she received. Hence, if a young mother is well-supported, she can develop positive outlooks to her identity even in an environment where she has been previously ostracised. With support from community members and reduced stigmatisation after pregnancy, young mothers in this study were better able to cope with and manage the effects of stigma in motherhood than in pregnancy.

7.2.5 The nature of communal support

While it may seem that a few young mothers were supported to overcome the negative effects of stigma, findings from this study show that these supports were often not directly intended for the young mothers. Further analysis of the data indicates that these changes in attitudes and provision of support to teenage mothers by community members are due to the existing cultural views about the innocence of babies. Findings from the key informants' interviews showed that it was a common belief that babies ought not to be punished for the wrongdoings of their parents. Hence, communal support for young mothers was primarily for the sake of their babies as acknowledged by many of the key informants:

It is not because of that lady, it is because of that baby, the new-born baby. If not because of the baby, people would not help. It is that baby they are helping, not her, if they are raising help for her, it is for the baby not for her because she has messed up.

Tunde, Chief

When a teenage mother gives birth, the new-born baby is innocent, so it cannot be blamed for what the mother did to bring him or her to the world. Everybody delights in a new-born baby, so nobody would say "okay o, because my daughter is bad, I will throw her baby away too". No, you don't throw away the baby alongside with the dirty water you bathed him/her with, you understand...So in Yoruba culture, everybody welcomes babies and give gifts and support to the mother by taking care of her. It's a norm.

Marcy, Community leader

From both Tunde and Marcy's account, negative attitudes towards the teenage mother are still evident. In their excerpts, they refer to the teenage mother as 'dirty water' and someone that has 'messed up'. It can therefore be argued that while young mothers received support from

community members, it did not necessarily resolve the stigmatisation of their identities. Nevertheless, these supports helped young mothers to cope with and manage stigma.

7.2.6 Effect of support on participants' reflections of their experiences

Towards the end of the participants' interviews, young mothers were asked to express their views about early pregnancy and childbearing based on their experiences. Toke who had support from her parents and partners' parents believed that becoming a mother at an early age was advantageous:

I received a lot of support, they [parents and partner's parents] knew that I was not prepared and ready for a child and so they supported me. They bought things for my baby, they provided for the things that I needed, and they always gave me money for upkeep. They did not let me suffer. I did not have any bad experience at all because I was treated well so it was to my advantage. Being a young mother has been good to me.

Toke (pregnant at 16 years, interviewed at 21 years)

Whereas, Tutu, using a picture of a withered branch, described how lack of support exacerbates negative life outcomes:



If you do not have support, there is no advantage. Nothing will work well for you because there is nothing or nobody to lean on. I did not see anything good that can be learned from getting pregnant young, it is all suffering. When I was pregnant, I was suffering, when I gave birth, I was still suffering, now that the child is old enough to go to school, I am still suffering.

Tutu (pregnant at 15 years, interviewed at 27 years)

From Tutu's narrative, the lack of support that she encountered made it difficult for her to manage the effects of stigma. As a result, she had a negative outlook on her experience of pregnancy and motherhood. This is in contrast to Toke who reported positive feelings and was more optimistic about her future outcomes. By contrasting both experiences, the role that support or lack of support plays in managing or exacerbating the effects of stigma is evident.

In conclusion, the majority of the participants in this study experienced a depletion of adaptive resources due to their inability to draw on sources of support. From the discussion above, the cost of lack of support in managing the effects of stigma are apparent (poor health outcomes for both mother and child, as well as poor socio-economic, educational and employment outcomes). Hence, this study illustrates how lack of support can limit young mother's abilities to resist and manage the challenges and stereotypes associated with teenage pregnancy and motherhood. It can therefore be argued that receiving support can have a neutralizing effect on the negative outcomes of stigma as young mothers in this study admitted that their individual outcomes were dependent on the various kinds of support they received.

7.3 Summary and Conclusion

This chapter explored how young mothers coped with stigma. In this chapter, the various coping strategies which young mothers drew on, to manage stigma were discussed. In their narratives, young mothers often demonstrated a clear awareness of stigma and actively acted in ways to minimize their exposure to the effects of sigma. Some of the individual-level coping strategies which young mothers used included; avoidance, isolation and cohabiting with their partners to reduce stigma. However, this was often counter-productive as many young mothers encountered more difficult social problems such as intimate partner violence and reduced support in trying to resolve stigma. Individual strategies in managing or resisting stigma may therefore not be effective enough to bring about positive outcomes.

For a few participants in this study, their abilities to manage stigma were reinforced by support from external sources, particularly their families. This support included; structural (i.e., social networks); functional (i.e., showing concern, encouragement); and instrumental (i.e., providing material assistance) dimensions. This experience of support was seen to be effective as it acted as a buffer against the negative effects of stigma. As such, participants who experienced support were able to negate the negative health, educational and socio-economic outcomes associated with teenage pregnancy and motherhood.

While a few young mothers were able to receive different forms of support, the majority lacked support and experienced challenges financially, educationally, and employment-wise. Thus, they were more likely to have lower incomes, poorer health outcomes and lower educational attainments when compared to their peers who had support. With these drawbacks, they struggled to counteract the negative stereotypes associated with their stigmatised identities. Hence, this chapter showed how social and structural elements can constrain young mother's agency in seeking better life outcomes.

This chapter has discussed the coping strategies which young mothers used in managing and negotiating stigma, the next chapter will discuss how young mothers construct their identities in response to their social representations within the society.

Chapter Eight

8 Social representations of teenage motherhood and its interplay with young mother's identities

The aim of this chapter is to explore how unmarried young mothers navigate the period of conflict between adolescence, pregnancy and motherhood, and their changing identities. According to Hall (1996, p.4) “*identities are points of attachment to the subject positions which discursive practices construct for us.*” Hall (1990) states that for identity construction to take place “*it has to go through the eye of the other before it can construct itself...therefore, identities are constituted within and not outside social representations*” (p.21). As previously discussed, in Nigeria, contemporary, policy and academic discourses construct teenage pregnancy and motherhood as a negative phenomenon. As such, ‘pregnant teenagers’ and ‘unmarried teenage mothers’ are stigmatised collectively and individually, constituting a spoiled identity.

Findings from this study showed that how young mothers defined themselves were largely dependent on how they were being presented within society. In this study, young mothers internalised the negative discourses surrounding teenage pregnancy and motherhood and thus often struggled to reconcile their identities as pregnant teenagers and young mothers with their prior identities as teenagers. This made some young mothers vulnerable to experiencing distress and tensions in the process of identity formation, consequently leading to a rejection of maternal roles. Nevertheless, while some young mothers struggled with the formation of a new identity, most participants were able to redefine pregnancy and motherhood as complementary to their identities and see it as meaningful. These diverse experiences in response to pregnancy and motherhood will be captured in section 8.3.1 (accounting for young mothers who struggled with the process of constructing a new identity for themselves) and 8.3.2 (accounting for the remaining young mothers who were able to incorporate a motherhood identity positively, into their sense of self). To help narrate their stories, the participants used pictures to describe their experiences and these will be used in this chapter in addition to their quotations.

To guide the reader, I restate the research question relevant to this chapter:

- How do unmarried young mothers navigate their identities in response to the negative social representations of teenage pregnancy and motherhood within society?

To answer this research question, the related findings will be discussed under three themes namely: internalizing a spoiled identity; rejecting a spoiled identity and; associated impacts on

the identity formation of young mothers. Although these themes have strong connections to the components of stigma (such as labelling, stereotyping and discrimination), the focus of this chapter is on how a young mother's identity may be reflective of the negative discourses they have internalised, contested, resisted, or negotiated. This chapter also shows how the intersection of stigma and identity play a major role in influencing young mother's attitudes towards their children.

8.1 Internalizing a spoiled identity

Pregnancy can be an overwhelming experience for females as it involves “*moving from a known identity to a relatively unknown one*” (Mercer, 2004 p.230). Hence, pregnant young women often encounter distress in navigating their identities. According to Davis et al., (2015), the discourses surrounding an individual's social identity can cause them to internalise predominant perceptions and experience difficulties in adjusting to or constructing a counter identity for themselves. In this study, participants' behaviours and attitudes towards pregnancy and motherhood were shaped by its negative socio-cultural representations within the society. The analysis shows how participants struggled with the meaning of their pregnancies and motherhood.

8.1.1 Negotiating ‘the pregnant teenager’ identity

All the participants in this study stated that their emotional reactions towards a positive pregnancy test result were that of shock and panic:

When I realized I was pregnant, I was like let the ground open its mouth and I should enter it because I knew that I had crossed my boundaries. It was just like a shock. I was very scared because I know how people talk about pregnant teenagers and treat them here... You are not supposed to get pregnant as a young person, so this made me very worried.

Kike (pregnant at 16 years, interviewed at 20 years)

From the above narrative, becoming pregnant was not seen as an ideal life choice due to the existing societal views about teenage pregnancy and motherhood. As discussed previously, teenage pregnancy and motherhood among unmarried young women is considered a social problem in South-Western Nigeria (see chapter three). Thus, by stating that she was ‘*scared*’ because she had ‘*crossed her boundaries*’, Kike describes how the fear of violating cultural

norms made her distressed about her emerging identity as a pregnant teenager. Similar to Kike's narrative, many participants in this study described how the news of their pregnancies made them 'worried' and 'fearful' because they had 'crossed the line' by becoming pregnant. By expressing distress over their pregnancies, participants in this study show how the cultural expectations about the timing of pregnancy can create an identity crisis in pregnant young women within the study area and then influence their disposition towards their pregnancies.

A few participants were able to come to terms with their pregnancies at the early stages:

Initially, I was very shocked and unhappy but later on, I came to terms with it and decided that it wasn't so bad. I felt like maybe this can give me an opportunity to change and become a better person.

Wura (pregnant at 16 years, interviewed at 23 years)

However, the majority expressed fears and anxiety over what pregnancy and motherhood would mean for them:

I had hopes of how I wanted my life to be and I knew this pregnancy would put an end to it. I knew that I would be expelled from school, people would make jest of me, and my parents would beat me and send me away. I had been dreaming of how my future will look like, I wanted to go to the university, serve, get married before I start thinking of baby but when it came all of a sudden it was just like a shock.

Bose (pregnant at 15 years, interviewed at 30 years)

From the above quotations, Wura's statement shows how young women can redefine pregnancy as complementary to constructing a new identity and see it as a meaningful opportunity for 'finding themselves'. This alludes to Williams and Vine's (1999) concept of second chances where individuals use certain situations as a motivation to start afresh when the prospect of changing their identity (in this case a spoiled identity) becomes difficult. Bose's narrative on the other hand shows that she was not ready to become a mother because she believed that her pregnancy would disrupt her future educational trajectory and prevent the achievement of her aspirations. This shows the emotional struggle that pregnant young women may undergo when their aspiration for their self-identity conflicts with their emerging social identity. Similar to Bose's narrative, many participants in this study considered pregnancy as a disruption to their life-course and most importantly, to their education. Hence, due to the negative consequences

associated with becoming pregnant as a teenager, the process of internalizing a new identity (as a pregnant teenager) was riddled with anxiety, fears, internal conflict, and emotional distress. This is similar to findings conducted by DeVito (2010) on adolescent motherhood in the United States which suggests that pregnancy can cause an identity crisis for female adolescents because they have to prematurely abandon their exploration of their self-identities and transition into adopting a maternal identity- a role which they (adolescents) are believed to be psychologically and cognitively unprepared for.

Further insight into the internal conflicts experienced by the participants in resolving their identities comes from Sade and Dupe:

I had things I wanted to do with my life and the way this pregnancy came, it just made me very depressed, bitter, and unhappy. It was as if hell was let loose upon me. I felt heaven was going to crumble on me. I felt less of a human.

Sayo (pregnant at 15 years, interviewed at 20 years)

At that point it felt like I should find something that would kill me and make me die instantly...I just wanted to die, I didn't want to be a mother at all because of the shame... you know people will say I am too young to be a mother, my life will be over...so I was just looking for what I could use to kill myself.

Dupe (pregnant at 16 years, interviewed at 19 years)

Sayo's feelings of depression and Dupe's account of contemplating suicide to escape the negative labelling associated with teenage pregnancy shows how stigma can cause an identity crisis for young mothers and the impacts that these can have on their wellbeing. Since pregnancy and motherhood was seen as a pathway to negative life outcomes due to the negative stereotypes associated with it, the majority of the young women in this study sought for ways to avoid a spoiled identity. This will be discussed next.

8.2 Rejecting a spoiled identity

Due to the negative discourses surrounding teenage pregnancy and motherhood, and the consequences attached to it, many of the participants considered abortion as a solution to resolving the threat that pregnancy imposed on their self-identities and future aspirations. However, the criminalization of abortion in Nigeria (as discussed in section 2.7.3) constrained young mothers' access to abortion services within the area. The various attempts, as well as the

barriers which participants encountered in trying to reject a spoiled identity through abortion, will be discussed next.

8.2.1 The need for abortion

In attempting to resolve the conflict of their identities, many participants in this study considered having an abortion. For instance, upon finding out that she was pregnant, Abiodun discussed how she wanted an abortion as she was worried that motherhood would disrupt her educational and career progress. She describes it thus:

I was afraid because I thought that this pregnancy would be the thing that would stop my life from moving forward. You know you are not supposed to be pregnant as a teenager. So, I wanted to abort it that time, that's what I wanted to do...

Abiodun (pregnant at 18 years, interviewed at 24 years)

According to Radcliffe (2011), individuals internalise stereotypes about identity categories, and this influences the decisions they make about adopting or resisting these identities. Abiodun describes her pregnancy as the end of her identity as an individual with future aspirations and affirmed the widely held belief (held by her society) that the timing of her pregnancy was inappropriate. Thus, to resolve this tension, she saw abortion as a means of distancing her self-identity from the spoiled identity that becoming a pregnant teenager would have for her. In this way, many participants in this study tried to take control of their shifting identities by restoring it to a point where they felt more aligned to (a state prior to pregnancy).

Nevertheless, in attempting to reject the identity of a pregnant teenager, participants in this study encountered various barriers which limited their agency. As such, many young mothers felt that they had little or no control over the decision-making process of keeping or terminating their pregnancies. This supports Tabberer's (2000) notion of 'captured pregnancy' which suggest that the decision-making regarding an adolescent's pregnancy is not solely the reproductive choice of the adolescent but involves an interplay of socio-cultural factors.

8.2.1.1 Religion and Morality

Although most participants viewed abortion as a way of resolving the issue of their identity crisis, some struggled with the idea as it conflicted with their religious beliefs, which are also important parts of their identities. Evident in these participant's narratives were framings of

abortion as ‘murder’ and ‘a sin’ which had negative repercussions such as ‘going to hell’. For example, Kike was about to gain admission into the University when she discovered that she was pregnant. Although she initially planned on aborting, she expressed how this conflicted with her religious beliefs:

I really wanted to abort because I did not want anything to come between my education and my future, but I was afraid that God will punish me because I killed a baby. You know abortion is a sin...it was not easy at all, I had friends who had aborted, and they could have helped me with an abortion, but I was just afraid of offending God and going to hell.

Kike (pregnant at 16 years, interviewed at 20 years)

Kike’s words show the internalisation of religious doctrines and how this plays a role in the decision-making process regarding abortion. Although Kike did not want to be a mother, she ‘was afraid of offending God’ by having an abortion. This is consistent with findings from Coast et al., (2018)’s study on abortion trajectories where they state that religion can influence a woman’s perception of abortion. It also highlights the conflict that can occur between young women’s religious affiliations and the negotiation of their social identities. Additionally, by using phrases such as ‘committing murder’ to equate termination of pregnancies, abortion is framed as a cruel behaviour and this is reflective of contemporary discourses regarding the morality of abortion (Hoggart, 2012). Kike’s narrative therefore shows the role that religion can play in limiting young women’s agency over their reproductive choices and their abilities to reject the acquisition of a spoiled identity.

8.2.1.2 Limited abortion services

In trying to reject a spoiled identity, many of the participants attempted abortion by using over-the-counter medication with abortifacient properties based on recommendations from nurses, pharmacists, and friends:

The boy [partner] gave me the drugs to use so I took the drug and I used it because I wanted to abort the pregnancy too. I did not even know how to use it because it was inside those white hospital nylons and the person did not write how to use it. I asked my friend and she said I should use everything at once, so I did.

Ola (pregnant at 17 years, interviewed at 20 years)

I met a Nurse who mixed some medications for me. I think the name was Arthrotec [a medication that contains diclofenac and misoprostol]. She mixed it with Quinine [an anti-malaria medication believed to have abortifacient properties]. She said I should take everything at once so that it can be quick. I drank it with dry gin, but the pregnancy did not abort.

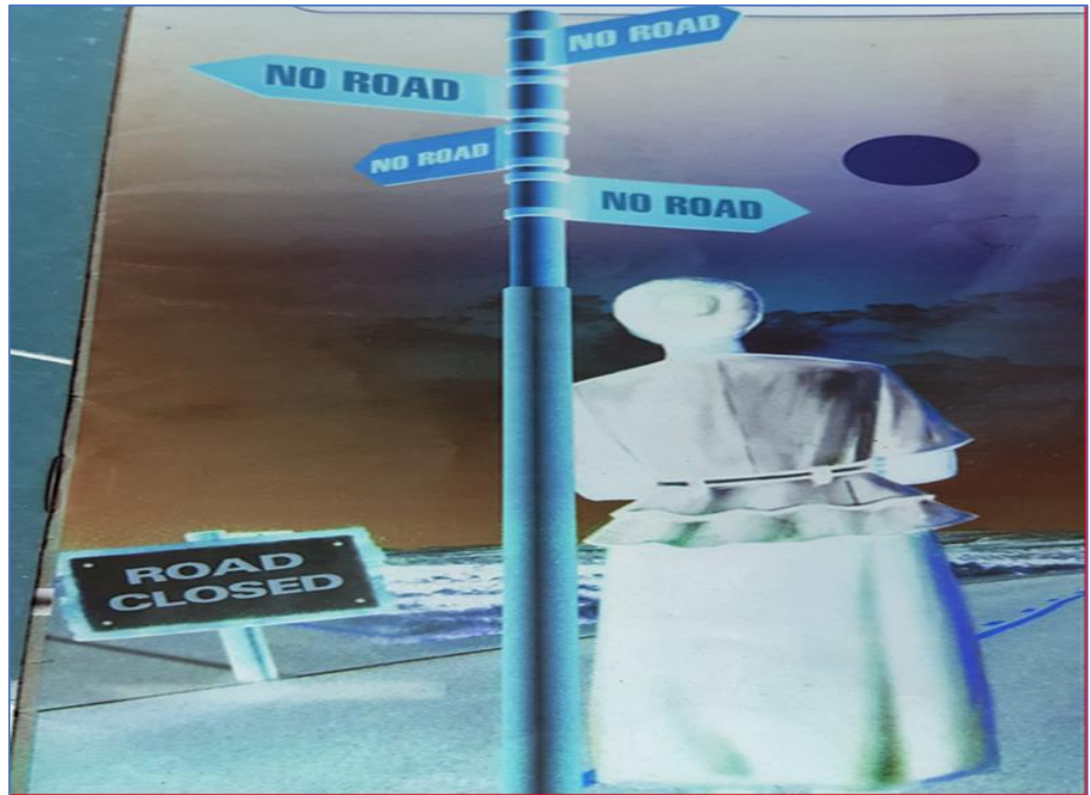
Tanwa (pregnant at 15 years, interviewed at 30 years)

As illustrated above, because the medication was not primarily designed for abortion, all the participants who used this approach experienced failed medical abortion. Coast and Murray (2016) suggest that abortion trajectories may involve multiple attempts. In this study, following initial failed abortions, some participants further made multiple attempts to terminate their pregnancies. For example, Dupe attempted an abortion three more times:

I went to a 'doctor' and he also tried to abort the pregnancy three times. They gave me tablets and injections and I used them for weeks, but the pregnancy refused to abort.

Dupe (pregnant at 16 years, interviewed at 19 years)

Furthermore, a few participants tried to explore surgical abortion as an alternative following multiple failed medication abortion attempts. However, because of the illegality of abortion, health practitioners were unwilling to perform the procedure. Tola, using a picture of a woman at a crossroad, described how she encountered roadblocks at every attempt of terminating her pregnancy:



I tried to use medications to abort the pregnancy, but it did not work. When the medications from my friend did not work, I later went to a hospital to try and abort the pregnancy, but they said that this one is already a child and that if there are complications, it will be a criminal offence so they said that they could not help me. I went to three more hospitals after that, but they also said the same thing. After this, I decided to leave it and just accept my fate... It was not like I wanted to be a mother; it was just that everything I tried [to terminate the pregnancy] just refused to work.

Tola (pregnant at 18 years, interviewed at 26 years)

From Dupe and Tola's narratives, the various obstacles (such as the illegality of abortion and medication misuse) which limit young women's agency in rejecting a spoiled identity within the study area are highlighted. When Dupe and Tola were asked respectively why they tried multiple times to abort, Dupe explained that she '*felt that the pregnancy will be the end of her life*' while Tola noted that she felt her life was '*doomed*' because community members said she would not '*amount to anything*.' Thus, Dupe and Tola's multiple attempts in trying to procure an abortion shows the pathways and the desperation involved in wanting to avoid the negative labelling of teenage pregnancy and motherhood.

Since participants were unable to terminate their pregnancies despite multiple attempts, they had to incorporate the spoiled identity of being a teenage mother into their sense of self. The next section will focus on the impact of pregnancy and motherhood on the formation of young mothers' identities.

8.3 Impacts of the negative social representation of teenage pregnancy and motherhood on the identity development of young mothers

As shown in chapter three, the discourses surrounding teenage pregnancy and motherhood construct it as a deviation from acceptable societal norms and values. Many studies argue that because teenagers have not completely developed an identity for themselves before becoming mothers, they are unable to deal with the dual demand of navigating an identity for themselves and attending to the needs of their children (Devito, 2010; Mangeli et al., 2017). Thus, they are deemed to be unprepared for motherhood. Findings from this study showed that young mothers' responses to motherhood differed. While some participants struggled with the process of constructing a new identity for themselves, others were able to incorporate a motherhood identity positively, into their sense of self. This will be discussed under two sub-themes: unresolved identity crisis (for the young mothers who struggled with identity construction) and positive identity reconstruction (for the young mothers in this study who were able to successfully incorporate motherhood into their sense of self).

8.3.1 Unresolved identity crisis: *"my child is my obstacle"*

The transition to motherhood is a key developmental life process and a time when a woman's identity is subject to change (Mercer, 2004; Radcliffe, 2011). As highlighted previously, individuals' social identities are often constructed based on their interactions with their social environment. Thus, due to internalised negative views of teenage motherhood, participants in this study struggled emotionally with adjusting to their motherhood roles and their identities as young mothers. As a result, they suffered emotional distress and rejected their maternal roles. This will be discussed further.

8.3.1.1 Emotional distress

Due to their inability to reject the acquisition of a spoiled identity, some participants in this study noted that they were often in despair over their impending motherhood. For example, Sade said:

I was always sad because I did not want to be a mother at all. Despite everything [attempted abortion], nothing worked. I was not ready for it [motherhood] but there was nothing I could do, and this made me very depressed.

Sade (pregnant at 15 years, interviewed at 30 years)

By using phrases such as ‘*always sad*’ and ‘*very depressed*’ to describe her feelings, Sade’s quote illustrates how she struggled to incorporate her emerging identity into her self-concept and how this had a negative impact on her wellbeing. This experience was not only limited to Sade as other participants such as Ola, Tutu and Sayo, recounted how their feelings about becoming mothers made them ‘*anxious*’ and ‘*fearful*.’ This is consistent with findings which state that unresolved identity crisis can cause feelings of depression, anxiety and fear among individuals (Kroger, 2017; Laney et al., 2015; Radcliffe, 2011). As a result, some participants had difficulties assuming maternal roles.

8.3.1.2 Rejection of maternal roles

Analysis from key informants’ accounts indicate known community knowledge around these issues, highlighting how the fear of assuming the spoiled identity of a teenage mother can compel young women to sell their babies or abandon them:

When they realize that they cannot abort and that they may have to face the punishments of getting pregnant young, some of them run away from their vicinity, go to a place, give birth to the baby and they abandon the baby. Most times, they have the child and drop it in the bush. So you see most of our motherless homes now, orphanage homes, they are not those orphans that are there, most of them are not there because their parents are dead, most of them are picked from the streets and bushes where they were abandoned...sometimes, these teenage mothers too, when the difficulties become too much, they will just abandon their children and run away.

Regina, Teacher

Most of those teenagers, because they don’t want to be mothers and because they can’t abort, when they deliver those babies, they go and throw those children away, so those are the kind of children you find in our motherless homes. Some of them go to the extent of throwing those children into pit toilets just to get their life moving on these days. The funniest thing about the situation now is some of them sell those children to those people

that are looking for the fruit of the womb³, you just see them carrying pregnancy and they will run away, a year after, they will come back free, where is the baby? Nobody knows what has happened to it.

Blessing, Teacher

This shows the negative and maladaptive approach which young women can adopt in rejecting their maternal identities within the study area. This is also consistent with findings in media discourses which state that unmarried young women trade their unwanted babies for financial gain (Obaji, 2020). Some of the participants in this study expressed how they considered the option of abandoning their children to ‘*start a new life.*’ For example, Ola, whose daughter was two years old at the time of the interview, said:

When I first gave birth to her, I use to wish I can just leave her somewhere, maybe in a church or in front of someone’s gate [house] so that I can be free and start again. I still think about it now sometimes.

Ola (pregnant at 17 years, interviewed at 20 years)

While this demonstrates the struggle of navigating a maternal identity at a personal level, this can also be seen as an attempt by young women to try to restore control and ‘normalcy’ into their lives (by going back to life prior to pregnancy) after an experience of loss of identity due to pregnancy and motherhood.

Another way by which participants in this study exemplified rejection of maternal identities were through feelings of resentment towards their children and expression of regrets over lost life opportunities:

The mistake I made was to give birth young because now I am like a slave. This child ruined all my plans... What I think is that when you give birth young, you can never be yourself again. I have thought about it before that can I still do well with my plans in life now and I really don’t think so.

Tutu (pregnant at 15 years, interviewed at 27 years)

By using phrases such as ‘*you can never be yourself again*’ and ‘*this child has ruined all my plans*’ Tutu demonstrates how pregnancy and motherhood can cause an individual to lose their

³ Looking for the fruit of the womb is a term used to describe couples struggling with infertility.

self-identity and affect their aspirations for their lives. This also shows the impact that a loss of identity can have on young women's perception of themselves. This is consistent with findings which opine that pregnancy and motherhood can cause a disruption in the identity development of young women, leading to poor self-esteem and a weak sense of self (Ford, 2016; Kroger, 2017).

This negative perception of their children as hindrances to their progress in life was also noted to continue over many years for some participants. For example, despite being a mother for fifteen years, Sade still perceives her child as a drawback to achieving her goals in life:

During that time, I prayed for the child to die, I prayed that the child would die during delivery and be thrown into the bush so that I can have the opportunity to go back to school and face my education... All my mates are now working in the complex [teaching hospital] in LAUTECH, in Oshogbo and some are doing their national youth service, but I have not yet amounted to anything because of her [child]...I gave birth to her in sorrow. She is still a source of sorrow to me up till now.

Sade (pregnant at 15 years, interviewed at 30 years)

Evident in Tutu and Sade's narratives is the rejection of maternal roles and resentful attitudes towards their children. This pattern of resentment towards children was replicated in other narratives as some other participants also viewed their children as having '*stolen their youth*' and perceived them to be the reasons why they '*failed to become somebody in life.*' In this way, participants demonstrate how they saw motherhood as diminishing their sense of self.

Although some participants experienced an identity crisis, the majority of the participants in this study were able to come to terms with their identities as mothers and reconstruct a new self-identity for themselves. This will be discussed in the next sub-theme.

8.3.2 Positive identity reconstruction: "being a teenage mother is not that bad"

Many studies have argued that young mothers are unable to embrace a maternal identity or successfully attain a maternal role due to their perceived psycho-social, cognitive and developmental immaturity (Mangeli et al., 2017; Mercer, 2004). As such, teenage motherhood is characterized by negative stereotypes which assume it to have negative outcomes for both mother and child (Arai, 2009a). These prevalent discourses construct teenage motherhood as bad and impose a negative identity on young mothers.

In this study, young mothers were aware of the negative labelling and stereotypes used to characterize their identities. While a few young mothers internalised the negative representations of their identities (as shown in section 8.3.1), most young mothers in this study rejected the stereotypes and negative identities conferred on them by Nigerian society. In the following section, I will explore how young mothers can successfully negotiate their identities and redefine themselves in a positive light despite such negative societal representations.

8.3.2.1 Rejecting negative identities

Young mothers in this study agreed that motherhood was a huge responsibility which necessitated the need for major lifestyle changes. For many young mothers, this transitional process was conflicting as they struggled to balance the demands of motherhood with the desires to behave like their peers. Participants in this study noted that due to their new identities as mothers, they had limited time to ‘*hang out with friends*’ and participate in social activities like ‘*going for parties*.’ As a result, they often felt ‘*left out*’ from adolescent activities because of their new responsibilities as mothers. Nevertheless, some young mothers argue that this is not just peculiar to them. Kike explains it this way:

Before, I was free to go out as I liked but now, I am no longer free to do so because I now have a child. Now, everything I have, I have to share it between me and my child. Some people can see this as a problem for me or even as a bad thing, but all mothers go through this, both young and old.

Kike (pregnant at 16 years, interviewed at 20 years)

Kike thus argues that the limited autonomy and restricted freedom that she experiences are part of the realities of becoming a parent rather than a disadvantage of young motherhood. In this way, she rejects the idea of early motherhood as a problematic life choice. Similarly, evident in Tade’s narrative is how she tries to rationalize the perception that motherhood is too much ‘*work*’:

People think that it’s too much work for us, but it’s not true. Sometimes I think about it [responsibility] but then I see it as something that has to happen because I am no longer the person I used to be. I am grown now; I am no longer childish. Things have to change; we are now two and I have to plan and think for two.

Tade (pregnant at 15 years, interviewed at 18 years)

Rather than viewing motherhood as an unwanted interruption in her life, Tade reflects on the ways that she has changed as a result of becoming a mother. Here, it can be seen how she tries to reconstruct a new identity for herself as a young mother, positively redefining teenage motherhood as leading her to gaining new sense of responsibilities. Also, she describes how she is no longer childish but responsible and mature. Here, she associates childishness with being a teenager and maturity and responsibility with becoming a mother. In this way, young mothers show how early motherhood can foster emotional growth and maturity in them despite its negative connotations (Jones et al., 2019; Mollborn & Jacobs, 2012).

In common with Tade's narrative, many young mothers in this study narrated how teenage motherhood made them re-evaluate their life choices. For example, prior to becoming a mother, Itunnu lost interest in wanting to continue with her education because she struggled academically. However, she explains how becoming a mother motivated her to try again and plan for her life and future:

Some people think that being a teenage mother is bad, but it changed me a lot, motherhood changed me. For me, it was good because before I became a teenage mother, I did not have any plans for my life, I did not even think I could further my education because during my WAEC, I had F9 parallel [failed all 9 subjects]. It was because I became a teenage mother that I changed my attitude. I reasoned that in 3-4yrs time my child would go to school, he would need money for food, textbooks, and other things. That's why I said giving birth as a teenager benefited me because it was when I gave birth that I reasoned on how to make my life better and improve my life.

Itunnu (pregnant at 15 years, interviewed at 20 years)

In Itunnu's narrative, she argues against the idea that teenage motherhood is bad by illustrating how it became a motivating factor for her self-development. This is similar to Seamark and Lings, (2004, p.817) findings that argue that teenage pregnancy and motherhood can serve as a "turning point to maturity which helps to 'save' young mothers from themselves". Furthermore, it can be implied that this transitional process, as described by the participants in this study, is an example of the emotional considerations which occur in the reconstruction of an identity (Laney et al., 2015; Moloney et al., 2011; Radcliffe, 2011).

An important thing about Itunnu's story is that while she constructs motherhood as an event that 'saved her life' and 'turned it around for the better', she constantly referred to her pregnancy as

a ‘trap’ or ‘falling into the devil’s hand’ and often expressed that she ‘could have waited for the right time to get pregnant.’ This was also similar to a few participants’ stories as they also expressed feelings of wishing that they had ‘waited for the right time’ while still acknowledging that motherhood had a transformative effect on them. This shows the ability of young mothers to reflect on the advantages of early motherhood as well as the perceived advantages of delayed childbearing. The regret experienced by participants in response to them not delaying childbearing is mostly centred on the stigma they experienced, the lack of support they encountered and the inability to provide for their children in a way that they would have wanted. This suggests that participants have internalised the societal belief that there is an ideal or appropriate time to engage in a particular behaviour (such as mothering). This further alludes to the power that the society can wield in reinforcing control over its members.

Ambivalence

Itunnu’s narrative also brings me to the complex nature of experience and how its entirety cannot be captured in one singular view (of either positive or negative). Itunnu, like many other participants in this study, often had both positive and negative experiences and views towards their pregnancy and motherhood. Initially, I experienced difficulties trying to fully understand this complexity, however, this brought me to the concept of ambivalence where I feel that participants are still in the process of resolving what being a young mother really means for them. It could also be that the entire process (of pregnancy and motherhood) is associated with both positive and negative feelings where one emotion does not necessarily cancel out the other. Another perspective can be that; since young mothers no longer have visible markers for stigma (i.e., pregnancy), their experiences of stigmatisation and discrimination may have reduced in motherhood and this may have allowed them to be able to evaluate the advantages of being a young mother. Nevertheless, this shows how themes can cut across participant experiences and overlap in presentation.

8.3.2.2 Renegotiating the motherhood identity

Unlike the young mothers in section 8.3.1 who struggled with adopting maternal roles or incorporating motherhood into their sense of self, findings from this study also show that some participants were however happy to be mothers and delighted in their babies:

I was happy that I did not abort the child even though I suffered because I get to see the beauty that she is today. Something good came out of it and that was the child that I gave birth to.

Bola (pregnant at 16 years, interviewed at 26 years)

When I gave birth, I was just looking at my baby, it was beautiful. Just seeing the baby is fun for me, it makes me feel happy always. Even when I am going through a lot, when I see her, I always feel happy.

Kike (pregnant at 16 years, interviewed at 20 years)

As illustrated above, some young mothers responded positively to their children and motherhood was seen to be rewarding as it provided participants with a sense of comfort in the face of material hardship. A similar pattern was noted across other young mothers' narratives as they expressed how motherhood contributed to more positive outlooks regarding their perception of self and helped them to cope better with life's challenges:

Before I used to think that being a teenage mother was very bad because of how people talk about it but after I had my own child, I realized that it was not that bad. My child is a bundle of joy, she makes me laugh during tough times and makes me proud to be a mother.

Tanwa (pregnant at 15 years, interviewed at 30 years)

Tanwa's expression of her child as a bundle of joy confirms that young mothers are able to create positive bonds with their children and derive rewards. This shows that despite their pregnancies being unplanned and initially causing tensions in their identity formations, some young mothers were able to navigate what motherhood meant for their identities successfully. This is in contrast with dominant beliefs which portray young mothers as being unable to develop good maternal identities (Mangeli et al., 2017; Mercer, 2004). Thus, by associating positive experiences with motherhood, participants reconstruct their identities to counteract the negative public representations of themselves within society. This suggests that the negative assumptions surrounding young mother's identities in the study area may be an external projection on young mothers rather than an internal lived experience.

Some participants in this study also noted that motherhood served as a role which provided them with a strong sense of identity. This goes beyond simply rejecting the negativity associated with

teenage motherhood (as shown in section 8.3.2.1), as young mothers noted how they became reflective and responsible by being protective of their female children:

A lot of people think that being a teenage mother is bad, that you don't have any morals or virtues to teach your child but if I did not get pregnant at the time that I did, I do not think that I would have known how to be a good mother to a female child. Raising a female child is very different from raising a male child, you have to be very protective of them. Like now, I keep her in school and put her in extracurricular activities to make her busy because I do not want her to fall into the hands of a man. I work very hard in my office so that I can provide for anything she wants. I also take time out to spend with her and teach her proper sex education. These were the things I lacked, so I am trying all I can to make sure that she is not lacking in anything.

Tanwa (pregnant at 15 years, interviewed at 30 years)

From Tanwa's narrative, she explains that getting pregnant as a teenager helped her to develop better mothering practices for raising a female child. By being reflective on the resources she lacked which predisposed her to pregnancy, Tanwa constructs herself as a good mother by ensuring that her daughter is provided with everything she needs. Here, the defining role which motherhood plays in the construction of some of the young mother's self-identities is evident (Laney et al., 2015).

From these participants' remarks, it can be noted that the transition to motherhood can act as a catalyst which pushes young mothers to be more goal-oriented, reflective and responsible (Ellis-Sloan, 2014; Jones et al., 2019; Wenham, 2016). This is seen as a crucial pathway in adapting to and creating positive motherhood identities (McDermott & Graham, 2005; Seamark & Lings, 2004). Notwithstanding, a personal interpretation to these findings can be that these participants use their narratives as an attempt to show that their immediate contexts differ and do not comply with the beliefs that teenage mothers are incompetent and irresponsible. In this way, these participants redirect themselves to more positive identities which counter the predominant social representation of their identities.

8.3.2.3 Self-Sacrifice

The experience of motherhood also informed what some young mothers prioritized in their lives. In contrast to young mothers who saw their children as 'burdens' and 'obstacles', some participants, despite having witnessed some financial and educational setbacks, were keen on

investing in the lives of their children. This view that young mothers' needs, and desires would always need to be weighed against their children's best interest was shared across most participants accounts. For instance, because Dunni could not fund the education of herself and her 5-year-old daughter at the same time, she decided to sponsor her child first. Likewise, Lola ensured that her child had access to quality education by enrolling her in a private school which is believed to be better than public schools in the community:

If I want to sponsor myself back to school, what about my child? It will affect one of us and so I have to stay behind. I am sacrificing myself so that my child can go to school and become someone important in the future. I am doing all I can so that my child can become something important in life. I also provide her with everything she needs because I do not want her to feel the absence of a father in her life.

Dunni (pregnant at 16 years, interviewed at 21 years)

People said I should put her in Aregbe [a public school] but I said never, I would rather starve in order to send her to a good private school. I work hard for money and pray that God provides me with money to take care of my child and hope that where I did not get to, my child will get there. I am just trying to make sure she is fine and ensure that she is alright so that she does not feel less than her mates.

Lola (pregnant at 17 years, interviewed at 20 years)

By placing their children's needs before theirs, Dunni and Lola exemplify proactiveness in catering to their children's developmental needs (Stapleton, 2010; Wenham, 2016). Furthermore, the change in priority where young mothers' desires and aspirations become secondary and their children's wellbeing and future outcomes become priority contradicts popular studies which echo beliefs that young mothers are unable to invest in training, supporting and providing a good future for their children (see for example; Devito, 2010; Lounds et al., 2006; Mangeli et al., 2017).

By prioritizing their children's needs ahead of theirs, these young mothers are seen to go through a developmental phase in motherhood known as 'sacrificial motherhood' where mothers are willing to make sacrifices for their children in order to be successful in their new roles as mothers (O'Reilly, 2004). Hence, through the construction of a pathway to motherhood which highlights maturity, growth and sacrifice as an aspect of their identities, some young mothers in this study negotiate and reconstruct their motherhood identity as one with purpose and meaning.

In this way, they counteract the predominant beliefs that teenage motherhood is characterized by poor parenting skills and poor outcomes for their children, in a similar way to other studies (Devito, 2010; Lounds et al., 2006; Mangeli et al., 2017).

8.3.2.4 Challenging the Normative

Resilience is a multidimensional construct which is specific to socio-cultural contexts (Ungar 2008). Although there are various definitions of resilience, there is a consensus that it involves challenging the predominant societal perspectives of a particular phenomenon (*ibid*). Young mothers in this study were aware of the negative social representation of teenage pregnancy and motherhood in South-Western Nigeria. However, rather than internalise these stereotypes, some young mothers held defensive positions by resisting and challenging it. For instance, Itunnu who had to drop out of school for three years due to her pregnancy but now trains to become a teacher said:

I have now realized that it is not teenage pregnancy that puts an end to an individual's life, it is not the pregnancy at all. If a person has focus and plans to have a bright future, it is not pregnancy that can terminate the future. If the person has determination and she puts her mind to it, she can achieve it.

Itunnu (pregnant at 15 years, interviewed at 20 years)

Here, Itunnu confirms the prevalent stereotype that teenage pregnancy and motherhood is the 'end of one's life'. However, she demonstrates that she does not agree or comply with this problematic representation by stating that people can overcome hardship through determination. In this way, Itunnu uses the social representations of teenage pregnancy and motherhood to define who she is not and to challenge its predominant beliefs. This is in contrast to the young mothers highlighted in section 8.3.1 who internalised the negative socio-cultural representations of their identities within society.

Similarly, in a bid to challenge how teenage motherhood is perceived within the society, Toke showed strong desires to succeed and demonstrated that she could cope well in spite of her perceived disadvantages:

Giving birth young is not a disability that can put an end to one's future aspirations because I know that no matter the challenges I have faced, I will still be fine in the end. As you can see, even though I am not yet back to school, I am learning a trade. I am

working hard to be better than people that think that I would not amount to anything so that they would know that being a teenage mother is not the end of one's life. I will make sure that they use their mouth to eat what they have said.

Toke (pregnant at 16 years, interviewed at 21 years)

Here, Toke contests the identity imposed upon her by rejecting the idea that she will have poor outcomes. From her account, her aim to make sure that '*they use their mouth to eat what they have said*' is an example of how the negative social construction of teenage pregnancy and motherhood produces elements of resilience and resistance (Ellis-Sloan, 2014; Fessler, 2008; Watts et al., 2015). For the majority of the young mothers in this study, resilience was therefore not just an adaption technique or a set of competencies (Ungar, 2008), rather, it was a process through which they resisted and challenged discursive constructions of their identities. This shows that participants are not just passive in the face of stigma or merely accepting of their negative social representations as they often find ways to resist stigma.

8.3.2.5 The act of distancing

Findings from this study show that some young mothers' awareness of their social representations in society propels them to work hard to dissociate themselves from the prevailing negative stereotypes surrounding their identities. For instance, Tola was determined to lead a successful life to counter the belief that '*her life was over*' simply because she became pregnant young. Although she received no support from her immediate family, shortly after her daughter was born, she begged a neighbour to teach her how to braid in exchange for doing house-chores. As she learnt hairdressing, she also learnt how to be a nail technician alongside by watching her trainer. Equipped with these skills, she was able to open her hairdressing and nail salon near the university:

People thought that I would not be successful because I got pregnant. All my father's friends were making fun of me that my life was over so I made up my mind a long time ago that I will make it in life. Now, I am successful with my business and I even train some of my mates that don't have jobs in my salon. I also plan to return to school soon. I will let them [the people] know that I can sponsor myself and go back to school. If I want to go to school now, OAU [Obafemi Awolowo University] will definitely offer me admission because I can fund my education myself with my money. So, anything that I want to do, I can still do, there is nothing I can't do.

Tola (pregnant at 18 years, interviewed at 26 years)

Tola's motivation to become successful and recover all that she has lost due to the negative consequences associated with teenage pregnancy and motherhood shows how she actively negates her *spoiled identity* within the society through hard-work and resilience. Therefore, for some young mothers, the negative representation of their identities appeared to propel their determination to reconstruct a positive identity for themselves. This notion that people improve upon themselves as a result of the negative representation of their identities is consistent with Anwar and Stanistreet's (2015) findings from their study on adolescent mothers in the UK which showed that adolescent mothers developed competencies in their mothering practices in order to reject the stereotype that they were 'bad mothers'.

Furthermore, in describing how she trains some of her mates that don't have jobs in her salon, Tola expresses a sense of joy over rising beyond the stigma of teenage pregnancy and motherhood as she later chips in that:

I was the one that everyone lost hope on, they thought that I would not amount to anything especially since I got pregnant young but look at me now, I am more successful than most of my mates, most of them are still unemployed. While they are running around, looking for jobs, I am making money.

Tola (pregnant at 18 years, interviewed at 26 years)

By comparing her outcomes with that of her colleagues from secondary school, Tola uses her financial success over her peers as a benchmark for overcoming the stereotype associated with her identity. Similarly, Tanwa who is now a practising nurse in one of the teaching hospitals in the community describes how she decided to 'take charge' of her own life (using the picture of a steering wheel) to dispel the popular notion that pregnant teenagers and young mothers '*cannot amount to anything*'.



After I had this baby, I knew that I had to take up responsibility for her. I summoned courage and told myself that I needed to be strong enough to be in charge of my own life. Then, I saw my life as a car that I was in control of, with my daughter at the backseat. I knew I had to drive my life well so that I can prove to them [people] that something good can still come out of me. After nursing my baby for about a year, I worked as a maid and a salesgirl to save up for my WAEC exam after which I proceeded to study Nursing at the university. Now I am a nurse, and I am doing well with my life.

Tanwa (pregnant at 15 years, interviewed at 30 years)

From the above narrative, while pregnancy can have a disruptive effect on young women's education, it does not put an end to their future aspirations as Tanwa was able to return to school and achieve her dreams of becoming a nurse. Using Cooley's (1902) concept of *looking-glass self* to analyse the above narratives, it can be argued that these young mothers negated early theories of identity formation as they used their agency to develop an identity to directly counter how others viewed them. By exercising a strong sense of agency that emphasizes resilience, determination, and perseverance, Tola and Tanwa were able to distance themselves from the negative discourses surrounding their motherhood identities. Also, by taking control of their social circumstances and resisting the negative representations of their identities within the society, participants move from the unilateral concept of power that Link and Phelan propose and show that more complex power dynamics exist between the stigmatiser and the stigmatised individuals. This resilience and resolve to live a successful life contradict the predominant

views in South-Western Nigeria which portray teenage mothers as individuals with ‘no future ambitions.’ It also buttresses previous studies conducted in western societies which show that the experiences of motherhood, for some young women, can serve as a catalyst for positive change (Mollborn & Jacobs, 2012; Seamark & Links, 2004).

8.4 Summary and conclusion

The aim of this chapter was to understand how young mothers constructed identities for themselves in light of their social representations. Findings suggest that young mothers were aware of the negative representations of teenage pregnancy and motherhood. Thus, pregnancy was seen as a spoiled identity and a likely disruption to their future aspirations. As a result, they considered strategies, such as abortion, as a way of resolving the tensions that being pregnant meant for their identities. However, the decision-making process and access to abortion services were not completely straightforward. This chapter presented an overview of the barriers to young women’s exercise of their reproductive control and their experiences of failed abortion, due to lack of access to safe abortion services. It also provided novel knowledge in Nigeria on how the intersection between stigma and identity can adversely affect the mental health and wellbeing of young mothers.

Findings from this study showed that young mothers had different responses to the adoption of a motherhood identity. For some young mothers in this study, due to internalised negative views of teenage motherhood, adopting a motherhood identity was particularly difficult because children were often seen as inconveniences and hindrances to their progress in life. As a result, they suffered emotional distress and rejected their maternal roles. Although pregnancy and motherhood were seen as stressful processes in the negotiation of identity for these young mothers, it was also constructed as meaningful for some other young mothers as it led to the development of positive identities. Contrary to Goffman’s (1963) assessment that stigmatised individuals are passive in the face of stigma, some participants in this study were determined to challenge the wide-spread notion that pregnant teenagers and young mothers are less likely to succeed in life. To do this, they constantly positioned themselves against the negative labelling and stereotyping of their identities in society.

Evident in these young mothers’ narratives were resilience and optimism in the face of challenges as well as the notion that the experience of motherhood brought about a sense of purpose and direction for their lives. Also present in participants’ narratives were the agency

and determination of young mothers to ensure better life outcomes for themselves and their children. Contrary to popular studies which portray teenage motherhood as a poor life choice, for many young mothers in this study, motherhood was associated with personal growth and positive experiences. As a result, they were able to successfully reconstruct their identities in a more positive light. Nevertheless, it is imperative to note that the narratives of the participants comprised of both negative and positive reactions to pregnancy and motherhood, owing to the complex nature of capturing lived experiences. This also highlights the complexities and differences in response to the perception of motherhood as gathered from young mothers in this study.

Link and Phelan (2001) suggest that stigma can only be enacted within the context of unbalanced power relationships where the stigmatised exert less power than the stigmatiser. While they acknowledge the role of power in the creation of stigma, they fail to acknowledge that stigmatised individuals can transform stigma by using their agency to resist and challenge power dynamics meant to enforce negative outcomes for them. By taking control of their social circumstances and resisting the negative representations of their identities within the society, findings from this study show how some of the participants move from the unilateral concept of power that Link and Phelan propose to highlighting the more complex power dynamics that exist between the stigmatiser and the stigmatised individuals. This chapter thus offers new knowledge on how young mothers were able to positively reconstruct an identity for themselves despite their negative social representations in South-Western Nigeria.

Chapter Nine

9 Conclusion and Recommendation

In many academic and policy discourses in Nigeria, there is a substantial amount of quantitative research on the negative associations between teenage pregnancy and motherhood, and poor outcomes for both mother and child (see for example; Adegbola & Sanusi, 2019; Amoran, 2012; Ayuba & Gani, 2012; Garba et al., 2016; Izugbara, 2015). This emphasis on the presumed educational, health and socio-economic risks of teenage pregnancy and motherhood has reinforced negative attitudes towards unmarried young mothers in Nigerian society. Studies conducted in high-income settings have suggested that the negative discourses surrounding teenage pregnancy and motherhood can have both economic and health consequences (Arai, 2009a; Macleod & Feltham-King, 2019). However, differences in the socio-cultural meanings and construction of teenage pregnancy and motherhood across countries mean that variations are likely to exist in young mothers' lived experiences. To date, such variations are under-researched. In Nigeria, the social disadvantages that can occur in young mothers' lives due to their negative representations within society are relatively understudied. This thesis contributes to this gap by exploring the lived experiences of teenage pregnancy and motherhood among unmarried young mothers in South-Western Nigeria.

Chapter two provided a background overview of the socio-cultural context of Nigeria. In chapter three, the adoption of a social constructionist lens to contextualise the literature, placed the social construction of teenage pregnancy and motherhood within a historical, global, and Nigerian context. Chapter four provided a detailed explanation of the research process and methods used in conducting this study. Chapters five, six, seven and eight presented the results from this doctoral research and provided insight into the lived experiences of young mothers in South-Western Nigeria, exploring how the negative social representations of unmarried young motherhood both shaped these experiences and affected their responses. Throughout this exploration, the young women's agency in attempting reproductive control and the procurement of better life outcomes for themselves are thus contextualised within the socio-cultural context of South-Western Nigeria.

From the analysis of participants' narratives, a number of major themes were identified, explored and analysed in-depth. First, by bringing the social representation of teenage pregnancy and motherhood to scrutiny, this thesis highlighted the various forms through which

stigma was used to reinforce the marginalisation of unmarried young mothers and how this impacted on their wellbeing, decision-making, and outlook of the future.

Second, by exploring the lived experiences of teenage pregnancy and motherhood, this study showed how young mothers navigated the process of identity development, how they internalised or resisted their social representations and how they redefined themselves in light of their negative representations within the society. From the findings of this study, it is suggested that the negative social construction of teenage pregnancy and motherhood has a role to play in the poor outcomes associated with early pregnancy and childbearing in South-Western Nigeria. This was certainly the case for young mothers in this study who experienced poor outcomes. This therefore challenges schools of thought that attribute a cause-and-effect relationship to teenage pregnancy and negative outcomes for both mother and child. The analysis and discussion of the main findings in chapters five to eight represent a distinctive contribution to teenage pregnancy and motherhood literature within an African context.

This conclusion chapter brings together the diverse elements that constitute the thesis. It shows how the research questions were answered and presents a discussion of the key findings that have emerged. It also articulates the empirical and theoretical contribution of this thesis on knowledge about the lived experiences of teenage pregnancy and motherhood among unmarried young mothers in Nigeria. For purpose of clarity, this chapter is divided into six sections. Section 9.1 provides a summary of the key findings of this thesis; section 9.2 offers recommendations on how to improve the life outcomes of unmarried young mothers in South-Western Nigeria; section 9.3 considers the limitations of this thesis and section 9.4 provides information on areas for future research. Section 9.5 presents the researcher's reflection on the research journey and section 9.6 provides a conclusion of the chapter.

9.1 Summary of key findings

The key findings of this thesis are presented under each of its research questions. In addressing each research question (RQ), the key findings will show how this thesis contributes to existing knowledge and provides novel contributions to understandings of the lived experiences of teenage pregnancy and motherhood.

9.1.1 RQ 1: What are the prevailing socio-cultural factors contributing to unmarried teenage pregnancy and motherhood within the study setting?

The review of the literature in chapter two reveals that while factors contributing to teenage pregnancy and motherhood are currently being researched in the Nigerian context, most of these studies quantitatively evaluate how these factors predispose teenagers to early pregnancy and motherhood. The limitation of this approach is that it provides little understanding of how these factors are linked. This thesis takes an alternative approach by providing insights into the socio-cultural context of young mothers' environments, how this affects their access to comprehensive sex education and consequently predispose them to early pregnancy and childbearing.

As shown in chapter five (results chapter), the concept of virginity plays a central role in shaping the social construction of an ideal identity for unmarried young women in South-Western Nigeria. Analysis of key informants' narratives indicated a belief that sex and contraception were solely adult affairs and that attempts to make such knowledge and services accessible to female teenagers would encourage immorality amongst them. As such, female teenagers were often provided with misleading sexual information to dissuade them from engaging in sex. Dupe for example (as mentioned in chapter five), was taught that she could get pregnant if a man touches her. Due to these repressive and silencing (or secretive) discourses surrounding sex, participants in this study had poor knowledge of their SRH and were constrained in their abilities to enact reproductive control.

Although few, previous research conducted in African settings have explored the role that gender plays in SRH decision-making (see for example; Wamoyi et al., 2018). However, these studies have primarily focused on the gendered power imbalances that occur in intergenerational transactional sex (*ibid*). By exploring the gendered construction of sexuality in South-Western Nigeria, this thesis enhances understandings on how sexual gendered norms can have negative consequences for young women's SRH outcomes. As demonstrated in chapter five, while the values and norms of their society suppress the expression of sexuality amongst study participants, this study did not observe similar expectations for the male gender as sexual expressions were considered 'normal' for them. This echoes findings from other Nigerian studies which suggest that males are often encouraged to play active roles in seeking sex and less stringent measures for morality exists for them (Izugbara, 2008; Smith, 2010).

As society does not frown upon sexual expression for males, these sexual double standards call into question who they should express their sexualities towards, especially in heterosexual relationships. This was clearly illustrated in this thesis (chapter five). Tanwa, a young mother in this study, reported being pressured into sex by her partner while Ola and Kike described how their partners often pressurised them to engage in sex without condoms due to their dislike of it. Additionally, Titi and Tutu also recounted their experiences of rape after repeatedly declining sexual advances from their partners. Yet, when these young women became pregnant, they were solely blamed for engaging in sexual relationships leading to pregnancy. This shows how society in South-Western Nigeria reinforce patriarchal traditions at the expense of young women's SRH and emphasizes male superiority over females.

Among study participants who were economically dependent on their partners, findings from this thesis also noted that young mothers were further constrained in their abilities to exert sexual autonomy and negotiate safe sex due to gendered social expectations. Overall, this thesis shows how the social and structural contexts of participant's experiences are embedded in social control, patriarchy, and unequal power dynamics which limits their opportunities to exercise their agency concerning reproductive control.

9.1.2 RQ 2: How does the social construction of teenage pregnancy and motherhood in South-Western Nigeria affect young mother's experiences of unmarried pregnancy and motherhood?

Unlike many studies which primarily use Goffman's (1969) and Scambler's (2009) works to research stigma among young mothers, this thesis adopted a different approach by adapting Link and Phelan's conceptual framework for stigma into its analysis. Using Link and Phelan's framework allowed me to explore the complex interplay embedded in individual interactions, cultural contexts, and social structures in reinforcing marginalisation and seclusion among unmarried young mothers, through the processes of labelling, stereotyping, separation, status loss, and discrimination. Unlike previous studies which focus on the impact of stigma in young mothers' lives (see for example; Fessler 2008; Ellis-Sloan 2014), this thesis enhances understandings on the underrepresented role that power plays in reinforcing poor outcomes among unmarried young mothers by demonstrating how stigma was enacted across multi-levels in Nigerian society (as presented in chapter six). In this way, this thesis contributes to existing

stigma literature and provides novel insights into the processes of stigma in teenage pregnancy and motherhood research.

It was understood that stigma was used as a form of punishment for young females who became pregnant out of wedlock, and as a form of social control to serve as a deterrent to other young women. At the family level, many of the participants recounted being beaten, maltreated, and disowned by their parents due to their pregnancies. For instance, Sade and Bola were denied access by their families to basic needs of life such as food and shelter. Similarly, this study observed a negative reaction from the community and religious bodies to participants, as Kike and Wura narrated how they were bullied in society and publicly humiliated before their religious congregations for being pregnant. This shows how the negative societal perception of teenage pregnancy and motherhood led to the ostracization of participants.

As discussed in the literature review chapter, Link et al. (2004) posit that other people's emotional reactions to an individuals' stereotyped identity can negatively impact on their wellbeing. The tensions between unmarried young mothers and the social context within which they lived had major impacts on their mental and emotional wellbeing. Across many participants' narratives, strong feelings of shame and themes of suicide were evident and followed from the public humiliation that they experienced within their communities. This provides an understanding of the impacts of felt stigma on unmarried young mothers within a Nigerian context. Additionally, it also provides insights on how a stigmatised identity can become self-defining, through anticipation of discrimination and internalisation of stigma.

The findings from the data analysis showed that the opportunity cost and effect of stigma on the lives of unmarried young mothers were great. Educational institutions were noted to play a significant role in reinforcing enacted stigma among pregnant teenagers as participants were expelled from school. Thus, while all the participants said that they were willing to continue their education, most of them were forced to suspend their studies when their pregnancies were discovered by schoolteachers and headmasters. Similarly, in a defensive act against stigma, Dupe and Dunni reported dropping out of school. Although little is known about the experiences of pregnant teenagers and teenager mothers in education in Nigeria, Nigerian studies carried out by Melvin and Uzoma, (2012), and Onyeka et al. (2012) make mention of young mothers dropping out of school due to the stigma and discrimination they experience within the educational system. It can be argued that the stigmatising practises of educational institutions constrained young mother's abilities to procure better educational outcomes for themselves.

Not only does expulsion further contribute to school drop-out rate among females in Nigeria, it also accentuates existing gender inequality as similar punishments (of expulsion and ridicule) were not often experienced by their male counterparts who impregnated them. For instance, Tanwa who was impregnated by her colleague in school told of how she was expelled while her partner was allowed to continue with his education. Likewise, other forms of inequality and discrimination were also noted in participants' experiences of seeking employment. For example, Titi and Wura reported being denied jobs by employers primarily on the premises of their status as pregnant teenagers and unmarried teenage mothers. Thus, participants were constrained in their attempts to enact job-seeking agency and procure better life outcomes for themselves.

There is limited literature in sub-Saharan Africa, particularly Nigeria, on the role that stigma plays in precipitating and reinforcing negative outcomes for unmarried young mothers. By providing an in-depth description of young mothers' experiences of stigma, this thesis demonstrates how the power inherent in social structures are used as tools to limit the life chances of pregnant teenagers and teenage mothers by reinforcing marginalisation and inequality among them. Thus, unlike many empirical studies which engage in a simplistic 'causal' discourse of teenage pregnancy and motherhood as leading to poor health and socio-economic outcomes (see for example; Amoran 2012; Ayuba & Gani 2012), this thesis lends credence to other scholarly works (see for example; Macleod 2011; Arai 2009a) which have challenged this view by demonstrating how stigma and discrimination affect young mothers' outcomes.

9.1.3 RQ 3: How do unmarried young mothers cope with and manage their social representations within the society they live in?

Presently, only two studies in Uganda (Kaye 2008) and Nigeria (Melvin & Uzoma, 2012) have explored how adolescent mothers cope with the stress of pregnancy and motherhood. This thesis contributes to existing research in this knowledge area by exploring the various coping strategies which unmarried young mothers adopt to manage stigma in their lives.

As discussed in chapter seven, findings from this study showed that young mothers were not passive in the face of stigma; rather, they actively and consciously adopted strategies such as avoidance, and concealment to manage their social representation and thus resist stigma. Participants in this study narrated how they actively avoided public gatherings during the day

and limited their outings to late at night to avoid being seen by community members. Similarly, they recounted how they had to hide the true nature of their circumstances in attempts to ‘save face’. In some cases, such as with Ajoke and Tope, some participants relocated from their primary place of abode to live with their partners or to a new vicinity where their social backgrounds were unknown. While there are similarities with other western studies on the approaches which young mothers adopt to cope with stigma, this study differs in the way participants use these approaches. For example, in studies by Ford, (2016) and Stapleton, (2010) in the United Kingdom, participants adopted concealment as an approach to managing stigma by wearing loose-fitting gowns to hide their pregnancies. A different tactic was seen in this study as young mothers often lied about their financial status and relationship with their partners (see section 7.1.4) so as to attain a more socially acceptable status within the society. This thesis therefore provides insights into cultural differences in managing stigma.

Although participants’ strategies could be considered as acts of agencies, they were not necessarily constructive approaches because their strategies often limited their access to support, reinforced isolation and predisposed them to intimate partner violence as evident in Tope and Ajoke’s narratives in section 7.1.3. By placing a focus on unmarried young mothers’ coping strategies, insights into the impact of stigma on young mothers’ agency are illuminated. Thus, this thesis contributes a broader understanding of how stigma can lock young mothers in positions which make it difficult for them to successfully resist and overcome the negative consequences associated with teenage pregnancy and motherhood.

This thesis also identified supportive actors in the lives of the study participants. Although few, some young mothers were better able to manage the effects of stigma due to support from their partners, parents, and immediate community. Toke and Abiodun, for example, described the role their parents played in providing emotional and financial support to help them adjust to the demands of motherhood and support them through education. Similarly, some young mothers such as Sade, noted that they received support from community members in the form of food and clothing for themselves and their babies. This helped them to meet their basic needs despite being maltreated by their immediate families.

By analysing the experiences and the outcomes of participants, this thesis found that those who had support seemed to have better socio-economic and health outcomes than their counterparts who did not have access to similar opportunities. This thesis therefore builds on other western studies which show that support plays a crucial role in helping young mothers to manage social

exclusion (Ellis-Sloan & Tamplin, 2019), improve their mental wellbeing (Fessler, 2008) and adjustment to motherhood (Ford, 2016; Stapleton, 2010).

Although support played a role in helping participants in this study to manage the effects of stigma, it did not resolve the stigmatisation of their identities. As such, participants had to deal with navigating through a stigmatised identity. This is discussed in the next section.

9.1.4 RQ 4: How do unmarried young mothers navigate their identities in response to the negative social representations of teenage pregnancy and motherhood within society?

This thesis sheds light on the identity tensions that can occur in young mothers' lives during the process of incorporating a stigmatised identity and attempting to construct a counter-identity for themselves. Findings from this study showed that the negative social representations of teenage pregnancy and motherhood in Nigeria created an identity crisis for young mothers in this study which most of them tried to resolve by having an abortion. This view of abortion as a resolution to identity crisis is similar to findings from Hoggart's (2012) study on decision making during pregnancy among young women in the United Kingdom, where she noted that some participants saw abortion as an acceptable way to resolve an unintended pregnancy. However, unlike the United Kingdom where these kinds of identity tensions can be easily resolved through abortion, this was not the case with my study participants due to the illegality of abortion in Nigeria.

In this study, a substantial number of participants engaged in various attempts to terminate their pregnancies. In many instances, this involved trying a combination of drugs with abortifacient properties. However, as highlighted in chapter eight, due to failed abortion, participants had to continue with their pregnancies and become young mothers. Additionally, this thesis also noted that for some other mothers who desired an abortion, religious conflicts prevented them undergoing one. This affirms findings from Coast et al.'s (2018) study on abortion care trajectories which notes that a woman's socio-cultural context shapes the action she takes in attempting abortion. Findings from this thesis thus contributes to existing knowledge on abortion pathways among adolescents-an under researched area in Nigeria.

Because participants were aware of the negative social consequences of becoming a young mother and were unable to avoid the acquisition of this 'spoiled identity', some went on to express resentment towards their children and rejected maternalism for themselves. Thus, while many studies conducted in Nigeria and sub-Saharan Africa have primarily focused on the

incidence of abortion and experience of abortion complications (see for example; Ikeako et al., 2014; Oyeniran et al., 2019; Prada et al., 2015), this study goes beyond this by also providing an understanding of how forced motherhood (as a result of failed abortion attempts) can impact negatively on young mothers' mental wellbeing and the quality of care given to their children.

Another significant finding of this thesis, however, centred on how motherhood could be a positive experience for young women, - offering new knowledge and providing an alternative perspective to teenage motherhood in Nigeria. As presented in chapter eight, some participants actively challenged prevalent social and academic discourses which associate teenage motherhood with poor parenting and poor adoption of maternal roles by demonstrating that they were able to form special bonds with their children. Several participants spoke of how their children were "*a source of joy*" and how motherhood "*saved their lives*" and provided them with a "*sense of direction.*" Dunni and Tayo also exemplified what could be conceptualized as sacrificial motherhood by readily sacrificing their personal ambition to improve the quality of care given to their children. These findings echo qualitative studies conducted in western countries that show that early motherhood can be rewarding for young mothers and serve as a pathway to growth, maturity and a positive change in direction (Ford, 2016; Stapleton, 2010; Watts et al., 2015; Mollborn & Jacobs, 2012).

Although many international studies have discussed how young mothers challenge the negative social representations of their identities within their societies, this thesis is innovative in that it provides new knowledge within an African context. Findings from this study note that like young mothers in high-income countries, study participants are resilient in their desire to procure better educational, economic, and social outcomes for themselves and their children. For example, despite being disowned by their parents and lacking access to support, Tanwa and Tola were determined and able to rise beyond the stigma of teenage pregnancy and motherhood by becoming professionals. This suggests that some young mothers are able to negate negative experiences of stigma and identity formation as they used their agency to develop an identity to directly counter how others viewed them.

By focusing on young mothers' agency in challenging stigma and reconstructing young motherhood into a positive life outcome, this thesis provides an important departure from the dominant discourse of teenage pregnancy and motherhood globally and in sub-Saharan Africa, which try to depict it as an event leading solely to adverse outcomes. This is important as it helps to challenge the negative representation of teenage pregnancy and motherhood by showing

that young mothers can be successful in the management of motherhood and life. Additionally, while Link and Phelan (2001), focus solely on the role of stigmatisers in creating and reinforcing stigma, this thesis highlights a new dimension in an African context by showing how stigmatised individuals can resist stigma and create positive outcomes from it through resilience. This act of agency is particularly important as it provides a new dimension to stigma theories which often see stigma as unidirectional and individuals as powerless in their resistance of stigma.

Having summarized the key findings and stated the novel contributions of this research, the next section offers recommendations to relevant stakeholders and highlight areas for further research.

9.2 Recommendations and implications for further research

Based on the findings from this study, this thesis identifies potential for further development and changes that could improve SRH outcomes for young women; promote gender equality and; improve the livelihoods of unmarried young mothers in Nigeria. Three areas of particular relevance are: public awareness and public policy; educational policy and; health sector changes.

9.2.1 Public awareness and public policy

Findings from this study showed that pregnant female teenagers are far more likely to encounter stigma and discrimination than their male counterparts who impregnate them. Thus, there is a need to increase community awareness on the impacts of gender inequality among pregnant female teenagers and young mothers in South-Western Nigeria and attempt to minimize these disparities and improve their quality of life.

Similar to previous successful campaigns on immunizations and vaccinations in Nigeria (Renne, 2017), the use of media, social media and theatre-based campaigns can be used to explore the discourses surrounding gender inequality that are embedded in teenage pregnancy and motherhood in local communities in South-Western Nigeria. Furthermore, face-to-face community engagements in rural areas can also be used as platforms in desensitizing negative cultural attitudes towards teenage pregnancy and motherhood. Considering the cultural sensitivity surrounding female sexuality, these interventions need to be strategically designed and situated within the socio-cultural context of these local communities. This can help to encourage the inclusion of pregnant teenagers and young mothers within their local communities and reduce the risk of resistance at the community level.

The review of literature in chapter two suggests that pregnant teenagers and young mothers are underrepresented in policy. By primarily focusing on how to reduce teenage pregnancy and emphasizing its risks, governmental policies categorize young mothers as a homogeneous group and fail to take into consideration the diversity in young mothers' experiences and how this may have been beneficial for them. The findings from this thesis suggest otherwise. A call for the inclusion of support for pregnant teenagers and unmarried young mothers, as a heterogeneous group with different needs, is therefore needed in public policies in Nigeria. Having addressed recommendations related to public policy and public awareness, the next section will focus on recommendations relevant to the educational sector.

9.2.2 Educational interventions

This thesis found educational disruption as a recurrent theme in almost all the participants' accounts. While they were enthusiastic in furthering their education during and after their pregnancies, young mothers were limited in accessing education due to their school's hostile and discriminatory practices. The effect of these practices contributes to high school drop-out rates and economic inequality between genders as many of the study participants who had to drop-out of school ended up as unskilled workers with a low income (see for example; Lola and Tutu). Similarly, considering that some of the study participants were of low socioeconomic status prior to their pregnancies, expelling them from school further constrained their abilities to secure better socio-economic outcomes for themselves. This can contribute to a vicious cycle of poverty and thereby reduce human capital.

There has been a rise in the number of African countries (such as Tanzania and Sierra Leone) that are now adopting policies that protect pregnant female teenagers from being expelled from school (World Bank 2020b). Nigeria can also implement similar policies to reduce the female dropout rate in educational systems. In addition to this intervention, behavioural training programs need to be implemented in the educational sector to ensure attitude change towards pregnant teenagers and teenage mothers. This will help to mitigate against school dropout (among pregnant adolescents and teenage mothers) as a result of discrimination (despite policies that protect them from expulsion). Another recommendation for education policy is the scaling up of current Nigerian scholarships and cash transfer programs (see for example; The Adolescent Girl's Initiative for Learning and Empowerment [AGILE] which has increased female retention in schools in rural areas) to encourage and support girls to remain in school

(World Bank 2020c). This can help to minimize sexual exploitation where female teenagers engage in transactional sex with older partners to finance educational-related expenses as observed in this thesis and help young mothers to refund their return to school.

Having provided recommendations for educational institutions, the next section will focus on health interventions and recommendations.

9.2.3 Health interventions

This thesis found that most participants' pregnancies were due to limited access to comprehensive sex education, services, and poor knowledge of contraception. Comprehensive SRH messages need to be targeted towards female adolescents to improve their knowledge of contraception and reproductive health information. This targeted SRH information can adopt the use of mobile phone messaging which has been implemented successfully and found to be effective in linking users to essential reproductive health services in other African countries like Uganda and South Africa (Ippoliti & L'Engle, 2017). As noted in this thesis, key informants (such as teachers, clergymen, and community health workers) demonstrated negative attitudes towards the provision of comprehensive sex education and contraceptives for female teenagers due to socio-cultural beliefs. This can constitute a major challenge to the implementation of community-based interventions for adolescent SRH. There is therefore a need for key stakeholders (such as parents, teachers, community health workers and community leaders) to be actively engaged in comprehensive sex education programs.

Another healthcare recommendation for Nigeria centres on the need to review the existing stringent policies on abortion. This is due to the overall impact of limited access to abortion services as noted in this study. First, findings from this study, as supported by other previous studies (Adinma et al., 2012; Oginni et al., 2018) suggest that the criminalization of abortion has not necessarily deterred women from procuring abortion services. Rather, it has resulted in self-help and clandestine practices, culminating into an increased risk of abortion-related complications. In addition, following failed abortion attempts, young mothers in this thesis were forced into motherhood, leading some of them to reject maternalism and demonstrate resentments towards their children. This raises concerns about the potential impacts of limited access to abortion services on the mental health of young mothers and the quality of care given to their children. Therefore, by increasing women's access to safe abortion services through policy change, pregnant teenagers can exercise their reproductive rights to "*decide if, when and*

how they want to reproduce” (ICDP, 1994). This can help to reduce the risk of abortion-related complications and the impact of forced motherhood on young women.

Lastly, this thesis identifies a need for establishing social support groups and mental health services for pregnant teenagers and young mothers. This is based on findings from this research which showed that some of the study participants experienced social isolation which made them vulnerable to anxiety, domestic violence, depression, suicidal ideation, and poor social outcomes. These social groups can also be used as a platform to provide psychosocial advice (on reproductive health, balancing education, pregnancy, and motherhood) and act as a referral system, linking at-risk pregnant teenagers and young mothers to specific support networks (in cases of domestic violence and maltreatment).

9.3 Limitation of the study

In the methodology chapter, I discussed a few constraints which I encountered during my research study and how these could be limitations to the study. Here, I will re-visit the main limitations of the study, in the light of the findings of the research.

This research sought to explore the lived experiences of teenage pregnancy and motherhood among unmarried teenage mothers in Nigeria. The qualitative nature of this research means that it utilised a small sample study. This might be viewed as a limitation, particularly concerning its generalisability. Nevertheless, while this study possesses some unique contexts in terms of ethnicity (Yoruba) and region (South-Western Nigeria), the detailed description of the study context and the rich description of the phenomenon studied, provided the study with some degree of generalisability, particularly when considered with other literature. Payne and Williams (2005) state that: *“the extent of the grounds for generalisation depends both on the characteristics of what is being studied and, crucially, on the similarities of the contexts to which generalization is to be attempted (p.11).”* Similar to other African countries (like Ghana, Congo and Rwanda) where premarital sex and unmarried pregnancy is stigmatised, there is evidence to show that pregnant unmarried young women, living in these countries, also experience marginalisation and mistreatment within their communities (Hall et al., 2018; Ruzibiza 2019; Hartog et al., 2020). These similarities in lived experiences suggest that some of the findings from this study may apply to other African settings.

Another limitation of the study can be found in the translation process. In narrating their lived experiences, study participants often used their local language. As such, there were some

difficulties in translating and interpreting specific culturally bound concepts, as some metaphors and abstract expressions could not be accurately captured in the English language. For example, the word: “*inira*” was commonly used by participants to express intense suffering and pain. Translating the word “*inira*”, only as suffering would reduce its meaning. Also, using more words than as used in the original quotation can change the voice of the participant, which is against the ideals of IPA. Thus, in a few instances, the meanings of some expressions were either reduced or replaced with the next similar word in English. Additionally, unlike the sentences in the English language which begin with a subject, verb, and object, the Yoruba language does not follow this sentence structure and order. As a result, I had to add and rearrange source phrases and quotations to effectively communicate in the English language. These challenges in language translations imply that loss of meaning, cultural bias, and a few misinterpretations may have occurred in the process of converting and presenting data from the Yoruba language to the English Language.

The use of photo-elicitation methods (PEM) can also be considered as a limitation in this study. Due to the ethical limits on the use of human pictures, some participants in this study struggled to capture the abstractness of their experiences. As a result, a few participants relied on me for advice on how to capture abstract ideas. To address this, I offered suggestions to them on places that may be able to provide a pictorial representation of their experiences. This may have influenced participants’ choices of pictures and how they decided to represent their experiences.

9.4 Implications for further research

While studies (including this thesis) on teenage pregnancy and motherhood have been conducted in Nigeria, there are still knowledge gaps. Findings from the data presented in chapter seven found that some participants’ partners accepted their responsibilities as fathers and played supportive roles during pregnancy. Qualitative research is needed to explore young men’s experiences of early fatherhood, provision of support and the dynamics of teenage parenthood in Nigeria. This will add to the existing literature on teenage pregnancy and motherhood and contribute to the noticeably absent literature on teenage fatherhood and parenthood in Nigeria. Through this, more wholistic policies and interventions can further be developed which cater to the needs of teenage mothers, teenage fathers, and their children.

As discussed in chapter six, stigma was noted to have major implications and consequences for young women’s mental wellbeing. More research needs to be conducted to assess the overall

impacts of stigma on the outcomes of unmarried teenage mothers in Nigeria. Longitudinal studies also need to be carried out to explore the long-term consequences of stigma and how young mothers fare in the long run. This will contribute to limited stigma studies on teenage pregnancy and motherhood in Nigeria and provide more insights into the various ways in which stigma functions to limit the life opportunities of unmarried young mothers in Nigeria.

Findings from the results presented in chapter seven noted that for some participants, there was a transition from stigma to support on the part of their parents. Although this study did not explore this in-depth, this transition was attributed to the perception that babies born to young mothers were innocent of their mothers' 'wrongdoing' (see section 7.2.3). It is therefore recommended that studies be carried out from parents' perspectives to explore the shift from stigma to support, and the intention regarding support given to pregnant teenagers and young mothers. Given the limited amount of literature exploring the identity construction of young mothers and how this process shapes their experiences of teenage pregnancy and motherhood in Nigeria, more research needs to be focused on these areas. This will further contribute to limited adolescent studies on identity development, motherhood, and wellbeing in Nigeria.

Interesting data emerged from the analysis on the experiences of younger mothers and older mothers that could not be explored in-depth as this study was not a comparative study. During the data analysis, it was noted that some mothers with older children (between the ages of 10-15 years) had different perspectives of the implications and consequences of unmarried motherhood than mothers with younger children (between the ages of 1-5 years). Although few, mothers with younger children sometimes narrated vivid accounts of their experiences of stigma and seemed to struggle with pregnancy, abortion and identity, than mothers with older children. While it can be argued that the differences in these narratives may be due to recall bias, it is important that future work explores the differences in the lived experiences of mothers with older children and mothers with younger children. This can help to tailor interventions to the specific needs of unmarried young mothers and their children across a broad spectrum.

9.5 Reflections on the research process

The following excerpt provides a commentary in first person on the researcher's reflection of the entire research journey and what has been learned;

What research means to me

For as long as I can remember, I have always been a curious person. This made me particularly interested in teenage pregnancy and motherhood. However, my journey to this point, especially with my thesis has not been a completely straightforward one. At the beginning of my PhD journey, I was interested in preventing the occurrence of teenage pregnancy and motherhood in Nigeria. This viewpoint was majorly influenced by my public health perspectives and my socio-cultural context- which expected females to uphold the moral standing of their societies. However, as my research journey progressed, I began to question my preconceived notions and my research aims began to change. This is perhaps the first thing I learnt about research; that it is a continuous process which gradually presents itself to light in the consciousness of the researcher. One never starts out having a well-lit path; our paths are only lit enough for our next step.

At the initial stages of the PhD, I assumed that the hardest point of the research was figuring out the research questions and conducting the research study. I remember setting a six-month goal to finish my analysis and writing up sections as I assumed that the next stages will be the easiest. However, like many others, I came to understand that the analysis and writing up stage is a roller coaster of highs and lows, thrill and confusion, speed and slow-motion. What this has taught me is that there are stages involved in the research process which serve as a refiner to 'burn' the research until its quality is 'purified.' This therefore means that review sections will constantly be re-written and data will continue to be re-analysed as new insights come up. Because a qualitative researcher also gets immersed in the study, they also go through a refining process where their ideas are broken down, defragmented and built back together. Although tiring, one of the upsides of this is that it sharpens the researcher's ability to think critically; and it alludes to the inductive nature of qualitative research which allows the data (and not the researcher's preconceived ideas) to come alive.

For the write-up, I gradually came to understand that the process involves converting data from a puzzle to a set of domino blocks. In my perspective, I believe that this follows two stages. First, the task of the researcher is to analyse and fix all the puzzle pieces gathered from the data in a way that presents a clear picture of the participants experiences in line with the objectives of the study. Once the puzzle is fitted together and the picture is clear, the next task for the researcher is to make this come to life in a way that the reader can clearly follow, from the beginning to the big picture. Just like setting up dominos blocks, this is perhaps the hardest thing to do as the

researcher has to first decide on a layout and arrange the blocks carefully for a free fall into the bigger picture. This for me is what presenting an argument (for the justification of the thesis) is truly all about.

By the end of the research journey, you are left with one thing; a questioning mind which constantly asks whether any opinion we hold is our independent conclusion or an influence of the context within which we live. This for me is the beauty of becoming a researcher.

-Excerpt from reflective journal, September 2020

9.6 Summary and Conclusion

A predominant focus of research on teenage pregnancy and motherhood in Nigeria and sub-Saharan Africa has been on its associations with negative health and socio-economic outcomes. Less attention has been placed on the consequences of these negative social representations for unmarried young mothers. This thesis addressed this gap by providing insights into the lived experiences of teenage pregnancy and motherhood among unmarried young mothers in Nigeria.

Using a social constructionist lens to explore the concept of teenage pregnancy and motherhood in Nigeria, this thesis showed how the negative social representations of teenage pregnancy and motherhood is embedded in patriarchy, power relations, sexual double standards, inequality, and stigma. In particular, this thesis provided insights into the roles that informal mechanisms (such as culture and gender norms) play in constraining young women's abilities to exert reproductive autonomy and control. From this thesis, it is implied that teenage pregnancy is in part, a consequence of young women's limited power to exercise reproductive control and access to SRH services and information.

Given the moralistic nature of Nigerian society and the negative perception of unmarried pregnancy and motherhood in the area, most young mothers are likely to experience stigma. Drawing on Link and Phelan (2001), Goffman (1969) and Scambler's work (2009) to analyse participants' experiences of stigma, this thesis demonstrated how teenage pregnancy and motherhood is conceptualized as stigma in Nigeria. In adopting a different framework (i.e., Link and Phelan 2001) to explain the experiences of stigma in young mothers' lives, this thesis showed the complex interplay embedded in individual interactions, cultural contexts and social structures in reinforcing marginalisation and seclusions among unmarried young mothers

through labelling, stereotyping, separation, status loss and discrimination. Additionally, by demonstrating how stigma was enacted across multi-levels in society, this thesis also provided insights into the underrepresented role that power plays in reinforcing poor outcomes among unmarried young mothers. This thesis therefore calls for due consideration to be given to the role that stigma plays in limiting young mothers' abilities to achieve their full potential.

In this study, young mothers constructed their identities in response to their social representations within society. While some young mothers found it difficult to navigate their negative social representations within the society, this thesis argues that some young mothers enjoyed some success in resisting these negative identities to reconstruct themselves in a positive light. This act of agency is particularly important as it provides a new dimension to stigma theories which often see stigma as unidirectional and individuals as powerless in the face of stigmatisation.

The COVID-19 pandemic has resulted in school closures around the world (Thorne et al., 2020). Evidence from previous pandemics has shown that school closures can increase the risk of unplanned pregnancies due to higher incidences of transactional sex, gender-based violence and unprotected sexual experimentation with peers (*ibid*). Teenage pregnancy and motherhood among unmarried young mothers is therefore expected to rise and appropriate policy decisions need to be implemented which mitigate the negative consequences of early childbearing. This study is timely as it provides policy-relevant information on how to improve the livelihoods of unmarried young mothers in society. Although there are a few policies to this effect (see for example; FMoH 2007), these policies are mostly drawn from quantitative studies and have solely focused on preventing teenage pregnancy and motherhood in Nigeria. By conducting this study, I believe that I have provided a gender perspective into the impacts of the negative social representation of unmarried young women in South-Western Nigeria. This can go a long way in incorporating 'real-life' experiences in evidence-based policymaking. I therefore hope that this thesis will contribute towards a socio-cultural shift and become a conversation starter on issues surrounding stigma, socio-cultural contexts and its impacts on unmarried young women's agencies, identity construction and quality of life.

10 References

- Abbott, D. M., Harris, J. E., & Mollen, D. (2016). The Impact of Religious Commitment on Women's Sexual Self-Esteem. *Sexuality & Culture*, 20(4), 1063–1082.
- Abiodun, O., Olu-Abiodun, O., Ani, F., & Sotunsa, O. (2016). Sexual and reproductive health knowledge and service utilization among in-school rural adolescents in Nigeria. *Journal of AIDS & Clinical Research*, 7(6), 1–8.
- Achema, G., Emmanuel, A., & Moses, A. O. (2015). Factors responsible for teenage pregnancy and its implication on adolescent health and education: Perception of secondary school students in Nigeria. *International Journal of Medical and Health Research*, 6(2), 48–51.
- Adamczyk, A., & Hayes, B. E. (2012). Religion and sexual behaviors: Understanding the influence of Islamic cultures and religious affiliation for explaining sex outside of marriage. *American Sociological Review*, 77(5), 723–746.
- Adebowale, S. A., Fagbamigbe, F. A., Okareh, T. O., & Lawal, G. O. (2012). Survival analysis of timing of first marriage among women of reproductive age in Nigeria: regional differences. *African Journal of Reproductive Health*, 16(4), 95–107.
- Adedimeji, A. A., Omololu, F. O., & Odutolu, O. (2007). HIV risk perception and constraints to protective behaviour among young slum dwellers in Ibadan, Nigeria. *Journal of Health, Population, and Nutrition*, 25(2), 146.
- Adegbola, O., & Sanusi, M. M. (2019). Teenage Pregnancies: A few years wait until young adulthood is worthy of advocacy. *Journal of Clinical Sciences*, 16(2), 120–124.
- Adetiba, T. C., & Rahim, A. (2012). Between ethnicity, nationality and development in Nigeria. *International Journal of Development and Sustainability*, 1(3), 656–674.
- Adewole, I. F. (1992). Trends in postabortal mortality and morbidity in Ibadan, Nigeria. *International Journal of Gynecology & Obstetrics*, 38(2), 115–118.
- Adeyinka, D. A., Oladimeji, O., Adekanbi, T. I., Adeyinka, F. E., Falope, Y., & Aimakhu, C. (2010). Outcome of adolescent pregnancies in southwestern Nigeria: a case–control study. *The Journal of Maternal-Fetal & Neonatal Medicine*, 23(8), 785–789.
- Adinma, E. D., Adinma, J. I. B.-D., Iwuoha, C., Akiode, A., Oji, E., & Okoh, M. (2012).

- Knowledge and practices among medical abortion seekers in southeastern Nigeria. *Southeast Asian Journal of Tropical Medicine & Public Health*, 43(2), 471–478.
- Agnafor, S., Bladh, M., Svedin, C. G., & Sydsjö, G. (2019). Mental health in young mothers, single mothers and their children. *BMC Psychiatry*, 19(1), 112.
- Ahonsi, B. (2015). Commentary: Accelerating the quest for integrated and comprehensive sexual and reproductive health services in Nigeria. *Global Public Health*, 10(2), 174–176.
- Ajala, O. A., & Olayiwola, A. M. (2013). An assessment of the growth of Ile-Ife, Osun State Nigeria, using multi-temporal imageries. *Journal of Geography and Geology*, 5(2), 43.
- Ajayi, A. I., Ismail, K. O., & Akpan, W. (2019). Factors associated with consistent condom use: a cross-sectional survey of two Nigerian universities. *BMC Public Health*, 19(1), 1207.
- Ajayi, A. I., & Okeke, S. R. (2019). Protective sexual behaviours among young adults in Nigeria: influence of family support and living with both parents. *BMC Public Health*, 19(1), 983.
- Ajayi, A. I., & Somefun, O. D. (2019). Transactional sex among Nigerian university students: The role of family structure and family support. *PloS One*, 14(1).
- Ajide, K. B., & Balogun, F. M. (2018). Knowledge of HIV and intention to engage in risky sexual behaviour and practices among senior school adolescents in Ibadan, Nigeria. *Archives of Basic and Applied Medicine*, 6(1), 3.
- Akande, T. (2014). Youth unemployment in Nigeria: A situation analysis. *Africa Focus*, 33-39.
- Akande, T. (2015). *Analysis and Design of Safety Nets and Capacity Empowerment Program for unemployed Youth in Nigeria*. NISER: Nigeria, 48-53.
- Akhiwu, W., Umanah, I. N., & Olueddo, A. N. (2013). Sexual assaults in Benin city, Nigeria. *Journal of Medical Sciences*, 12(4), 377–382.
- Akinbi, J. O., & Akinbi, Y. A. (2015). Gender disparity in enrolment into basic formal education in Nigeria: implications for national development. *African Research Review*, 9(3), 11–23.

- Akinlusi, F. M., Rabi, K. A., Olawepo, T. A., Adewunmi, A. A., Ottun, T. A., & Akinola, O. I. (2014). Sexual assault in Lagos, Nigeria: a five year retrospective review. *BMC Women's Health*, 14(1), 115.
- Akinsoji, A. A., Olufunmilola, A.-A., Idowu, A. A., & Pius, A.-O. (2015). Sexual and contraceptive practices among female undergraduates in a Nigerian tertiary institution. *Ethiopian Journal of Health Sciences*, 25(3), 209–216.
- Akpama, E. G. (2014). Parental Perception of the Teaching of Sex Education to Adolescent in Secondary School in Cross River State, Nigeria. *Himalayan Journal of Sociology and Anthropology*, 6, 134–145.
- Alade, M. O. (1989). Teenage pregnancy in Ile-Ife, Western Nigeria. *Western Journal of Nursing Research*, 11(5), 609–613.
- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), 9–19.
- Alayande, A., Bello-Garko, B., Umeh, G., & Nuhu, I. (2019). Access to contraceptives for adolescents in northern Nigeria—a cross-sectional study from three secondary health facilities in Kaduna metropolis, Kaduna. *Gates Open Research*, 3(1476), 1476.
- Albert, B. (2007). *With One Voice 2007: America's Adults and Teens Sound Off about Teen Pregnancy: a Periodic National Survey*. Washington DC: National Campaign to Prevent Teen Pregnancy.
- Aliyu, A. A., & Amadu, L. (2017). Urbanization, cities, and health: the challenges to Nigeria—a review. *Annals of African Medicine*, 16(4), 149.
- Aluwihare-Samaranayake, D. (2012). Ethics in qualitative research: A view of the participants' and researchers' world from a critical standpoint. *International Journal of Qualitative Methods*, 11(2), 64–81.
- Amoran, O. E. (2012). A comparative analysis of predictors of teenage pregnancy and its prevention in a rural town in Western Nigeria. *International Journal for Equity in Health*, 11(1), 37.
- Andrews, T. (2012). What is social constructionism? *Grounded Theory Review*, 11(1).

- Ankomah, A., Mamman-Daura, F., Omoregie, G., & Anyanti, J. (2011). Reasons for delaying or engaging in early sexual initiation among adolescents in Nigeria. *Adolescent Health, Medicine and Therapeutics*, 2, 75.
- Antwi, S. K., & Hamza, K. (2015). Qualitative and quantitative research paradigms in business research: A philosophical reflection. *European Journal of Business and Management*, 7(3), 217–225.
- Arai, L. (2003). Low expectations, sexual attitudes and knowledge: explaining teenage pregnancy and fertility in English communities. Insights from qualitative research. *The Sociological Review*, 51(2), 199–217.
- Arai, L. (2009a). *Teenage pregnancy: The making and unmaking of a problem*. Policy Press.
- Arai, L. (2009b). What a difference a decade makes: Rethinking teenage pregnancy as a problem. *Social Policy and Society*, 8(2), 171–183.
- Arai, L. (2012). *Teenage Pregnancy as a Social Threat: A South African Perspective*. Springer.
- Aransiola, J. O., Asa, S., Obinjuwa, P., Olarewaju, O., Ojo, O. O., & Fatusi, A. O. (2013). Teachers' perspectives on sexual and reproductive health interventions for in-school adolescents in Nigeria. *African Journal of Reproductive Health*, 17(4).
- Ashaolu, O. O. (2017). Proverbs and the preservation of Yorùbá language and cultural values in Nollywood movies. *African Renaissance*, 14(3–4), 65–81.
- Ashimolowo, O. R., Ojebiyi, W. G., Adelakun, I. I., Odediran, O. F., Soetan, O. J., & Iskil-Ogunyomi, S. O. (2017). Causes and Consequences of Teenage Pregnancy among Rural Youths in Ejigbo Local Government Area of Osun State, Nigeria. *Journal of Clinical Science Research*, 17(3), 98-110
- Asiyanbola, R. A. (2010). Urbanization, gender and transport research issues and insights in Nigeria; Towards a sustainable gender sensitive transport development. *Nigerian Journal of Social Anthropology*, 8, 30–44.
- Atchison, C. J., Cresswell, J. A., Kapiga, S., Nsanya, M. K., Crawford, E. E., Mussa, M., Doyle, A. M. (2019). Sexuality, fertility and family planning characteristics of married women aged 15 to 19 years in Ethiopia, Nigeria and Tanzania: a comparative analysis of

cross-sectional data. *Reproductive Health*, 16(1), 6.

Aveyard, H. (2014). *Doing a literature review in health and social care: A practical guide*. McGraw-Hill Education (UK).

Awoyemi, B. O., & Novignon, J. (2014). Demand for abortion and post abortion care in Ibadan, Nigeria. *Health Economics Review*, 4(1), 3.

Ayamolowo, S. J., Olajubu, A. O., & Akintola, F. E. (2019). Perceived social support and depression among pregnant and child-rearing teenagers in Ile-Ife, Southwest Nigeria. *African Journal of Midwifery and Women's Health*, 13(4), 1–9.

Ayoola, O. D., Victoria, G.-O. C., Bamidele, O., Olufela, K. O., Oluwatosin, S. E., Mbaneifo, E. P., Harry, O. (2014). Pattern, challenges and correlates of condom use among Nigerians living with HIV infection. *Asian Pacific Journal of Tropical Biomedicine*, 4, S198–S203.

Ayuba, I. I., & Gani, O. (2012). Outcome of teenage pregnancy in the niger delta of Nigeria. *Ethiopian Journal of Health Sciences*, 22(1), 45–50.

Babafemi, A. A., & Adeleke, A. J. (2012). Health and social problems of teenage pregnancy and future childbearing in Amassoma Community, Bayelsa State, Nigeria. *Journal of Medical Science*, 6(5), 251–260.

Babalola, A. B. (2017). Ancient History of Technology in West Africa: The indigenous glass/glass bead industry and the society in early ile-ife, Southwest Nigeria. *Journal of Black Studies*, 48(5), 501–527.

Babátúndé Yussuf, N., & Oladipo Olúbòmẹhìn, O. (2018). Traditional Music and the Expression of Yoruba Socio-cultural Values: A Historical Analysis. *Muziki*, 15(2), 61–74.

Bailey, J. (2008). First steps in qualitative data analysis: transcribing. *Family Practice*, 25(2), 127–131.

Bailly, J., Taïeb, O., Moro, M. R., Baubet, T., & Reyre, A. (2018). “If walls could talk”: A photo-elicitation-based observation of service users’ perceptions of the care setting and of its influence on the therapeutic alliance in addiction treatment. *Health & Place*, 54, 69–78.

- Balogun, O. A. (2013). Proverbial Oppression of Women In Yoruba African Culture: A Philosophical Overview. *Thoughts & Practise*, 2, 21-35.
- Bankole, A., Adewole, I. F., Hussain, R., Awolude, O., Singh, S., & Akinyemi, J. O. (2015). The incidence of abortion in Nigeria. *International Perspectives on Sexual and Reproductive Health*, 41(4), 170.
- Bankole, A., & Malarcher, S. (2010). Removing barriers to adolescents' access to contraceptive information and services. *Studies in Family Planning*, 41(2), 117–124.
- Barbour, R. S. (2001). Checklists for improving rigour in qualitative research: a case of the tail wagging the dog? *Bmj*, 322(7294), 1115–1117.
- Barter-Godfrey, S., & Taket, A. (2009). 2.14 Othering, marginalisation and pathways to exclusion in health. *Theorising Social Exclusion*, 166.
- Bastien, S., Kajula, L. J., & Muhwezi, W. W. (2011). A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa. *Reproductive Health*, 8(1), 25.
- Bates, E. A., McCann, J. J., Kaye, L. K., & Taylor, J. C. (2017). “Beyond words”: a researcher's guide to using photo elicitation in psychology. *Qualitative Research in Psychology*, 14(4), 459–481.
- Bauman, Z. (2010). *Hermeneutics and social science (Routledge revivals): Approaches to understanding*. Routledge.
- Ben-Ari, A., & Enosh, G. (2013). Power relations and reciprocity: Dialectics of knowledge construction. *Qualitative Health Research*, 23(3), 422–429.
- Berger, P. L., & Luckmann, T. (1991). *The social construction of reality: A treatise in the sociology of knowledge*. Penguin UK.
- Bhana, D. (2017). *Love, sex and teenage sexual cultures in South Africa: 16 turning 17*. Routledge.
- Bhana, D., Morrell, R., Shefer, T., & Ngabaza, S. (2010). South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, Health & Sexuality*, 12(8), 871–883.

- Bloland, P., Simone, P., Burkholder, B., Slutsker, L., & De Cock, K. M. (2012). The role of public health institutions in global health system strengthening efforts: the US CDC's perspective. *PLoS Medicine*, 9(4).
- Boath, E. H., Henshaw, C., & Bradley, E. (2013). Meeting the challenges of teenage mothers with postpartum depression: overcoming stigma through support. *Journal of Reproductive and Infant Psychology*, 31(4), 352–369.
- Boden, Z., Larkin, M., & Iyer, M. (2019). Picturing ourselves in the world: Drawings, interpretative phenomenological analysis and the relational mapping interview. *Qualitative Research in Psychology*, 16(2), 218–236.
- Bos, A. E. R., Pryor, J. B., Reeder, G. D., & Stutterheim, S. E. (2013). Stigma: Advances in theory and research. *Basic and Applied Social Psychology*, 35(1), 1–9.
- Brabin, L., Kemp, J., Dollimore, N., Obunge, O. K., Ikimalo, J., Briggs, N. D., Hart, C. A. (1995). Reproductive tract infections and abortion among adolescent girls in rural Nigeria. *The Lancet*, 345(8945), 300–304.
- Brady, G., & Brown, G. (2013). Rewarding but let's talk about the challenges: Using arts based methods in research with young mothers. *Methodological Innovations Online*, 8(1), 99–112.
- Bramer, W. M., de Jonge, G. B., Rethlefsen, M. L., Mast, F., & Kleijnen, J. (2018). A systematic approach to searching: an efficient and complete method to develop literature searches. *Journal of the Medical Library Association: JMLA*, 106(4), 531.
- Bramer, W. M., Rethlefsen, M. L., Mast, F., & Kleijnen, J. (2018). Evaluation of a new method for librarian-mediated literature searches for systematic reviews. *Research Synthesis Methods*, 9(4), 510–520.
- Brewer, M. B. (2010). Social identity complexity and acceptance of diversity. In: R. J. Crisp (Ed.), Social issues and interventions. *The psychology of social and cultural diversity*, 11–33). Wiley Blackwell.
- Broer, M., Bai, Y., & Fonseca, F. (2019). *Socioeconomic Inequality and Educational Outcomes*. Springer.
- Bunting, L., & McAuley, C. (2004). Research review: Teenage pregnancy and motherhood:

- The contribution of support. *Child & Family Social Work*, 9(2), 207–215.
- Burgess, D., & Borgida, E. (1999). Who women are, who women should be: Descriptive and prescriptive gender stereotyping in sex discrimination. *Psychology, Public Policy, and Law*, 5(3), 665.
- Burr, V. (2015). *Social constructionism*. Routledge.
- Burton, A., Hughes, M., & Dempsey, R. C. (2017). Quality of life research: a case for combining photo-elicitation with interpretative phenomenological analysis. *Qualitative Research in Psychology*, 14(4), 375–393.
- Buske, S. (2014). Dubious conceptions: the politics of teenage pregnancy. *DePaul Law Review*, 51(3), 963.
- Butler, J. (2004). *Undoing gender*. Psychology Press.
- Cable News Network (CNN). (2000). Nigerian court sentences unmarried pregnant girl to caning. Retrieved March 14, 2020, from <http://edition.cnn.com/2000/WORLD/africa/09/15/religion.nigeria.sharia.reut/>
- Caldwell, K., Henshaw, L., & Taylor, G. (2011). Developing a framework for critiquing health research: an early evaluation. *Nurse Education Today*, 31(8), e1–e7.
- Cannella, G. S. (2015). Qualitative research as living within/transforming complex power relations. *Qualitative Inquiry*, 21(7), 594–598.
- Center for Disease and Control prevention (CDC). (2020). About Teen Pregnancy. Retrieved February 28, 2020, from <http://www.cdc.gov/teenpregnancy/about/index.htm>
- Chaudoir, S. R., Earnshaw, V. A., & Andel, S. (2013). “Discredited” Versus “Discreditable”: Understanding How Shared and Unique Stigma Mechanisms Affect Psychological and Physical Health Disparities. *Basic and Applied Social Psychology*, 35(1), 75–87.
- Chen, H., & Boore, J. R. P. (2010). Translation and back-translation in qualitative nursing research: methodological review. *Journal of Clinical Nursing*, 19(1-2), 234–239.
- Chimamanda Ngozi Adichie. (2009). *The danger of a single story*. Washington DC: Ted Talk. Retrieved from <https://www.youtube.com/watch?v=D9Ihs241zeg>
- Clark, T. (2011). Gaining and maintaining access: Exploring the mechanisms that support and

- challenge the relationship between gatekeepers and researchers. *Qualitative Social Work*, 10(4), 485–502.
- Coleman, T. (2016). Photo elicitation as method: a participatory approach. In: *Practicing qualitative methods in health geographies*, 54–73. Routledge.
- Collins, C. S., & Stockton, C. M. (2018). The central role of theory in qualitative research. *International Journal of Qualitative Methods*, 17(1), 1609406918797475.
- Collins, R. (1971). A conflict theory of sexual stratification. *Social Problems*, 19(1), 3–21.
- Cook, S. M. C., & Cameron, S. T. (2017). Social issues of teenage pregnancy. *Obstetrics, Gynaecology & Reproductive Medicine*, 27(11), 327–332.
- Cope, D. G. (2014). Methods and meanings: credibility and trustworthiness of qualitative research. *Oncology nursing forum*, 41(2), 127–131.
- Copes, H., Tchoula, W., Brookman, F., & Ragland, J. (2018). Photo-elicitation interviews with vulnerable populations: Practical and ethical considerations. *Deviant Behavior*, 39(4), 475–494.
- Copping, L. T., Campbell, A., & Muncer, S. (2013). Violence, teenage pregnancy, and life history. *Human Nature*, 24(2), 137–157.
- Cortez, R., Saadat, S., Marinda, E., & Odutolu, O. (2016). Adolescent fertility and sexual health in Nigeria. *Health, Nutrition and Population Discussion Paper*. Washington, DC: World Bank,
- Council, B. (2014). *Girl's Education in Nigeria: Issues, Influencers and Actions*. England: British Council
- Daguerre, A. (2006). Teenage pregnancy and parenthood in England. *When Children Become Parents—Welfare State Responses to Teenage Pregnancy*, 67–90.
- Daguerre, A., & Nativel, C. (2006). *When children become parents: welfare state responses to teenage pregnancy*. Policy Press.
- Dairo, M. D., & Atanlogun, A. (2018). Utilization of antenatal and postnatal care services among adolescents and young mothers in rural communities in South-Western Nigeria. *African Journal of Biomedical Research*, 21(2), 133–137.

- David, M., & Sutton, C. D. (2011). *Social research: An introduction*. Sage.
- Davidson, C. (2009). Transcription: Imperatives for qualitative research. *International Journal of Qualitative Methods*, 8(2), 35–52.
- Davis, R., Campbell, R., Hildon, Z., Hobbs, L., & Michie, S. (2015). Theories of behaviour and behaviour change across the social and behavioural sciences: a scoping review. *Health Psychology Review*, 9(3), 323–344.
- De Beauvoir, S. (2013). The second sex. *When Sex Became Gender*, 165.
- De Jonge, A. (2001). Support for teenage mothers: a qualitative study into the views of women about the support they received as teenage mothers. *Journal of Advanced Nursing*, 36(1), 49–57.
- Dev, P., Mberu, B. U., & Pongou, R. (2016). Ethnic inequality: Theory and evidence from formal education in Nigeria. *Economic Development and Cultural Change*, 64(4), 603–660.
- Devito, J. (2010). How adolescent mothers feel about becoming a parent. *The Journal of Perinatal Education*, 19(2), 25–34.
- Dhayanandhan, B., & Bohr, Y. (2016). The role of identity development in moderating stress and promoting dyadic sensitivity in adolescent mothers. *Canadian Journal of Behavioural Science*, 48(1), 39.
- Dodge, R., Daly, A. P., Huyton, J., & Sanders, L. D. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 2(3), 48-51.
- Duncan, S. (2007). What's the problem with teenage parents? And what's the problem with policy? *Critical Social Policy*, 27(3), 307–334.
- Duncan, S., Edwards, R., & Alexander, C. (2010). What's the problem with teenage parents? In: Duncan, Simon, Edwards, Rosalind and Alexander, Claire, (eds.) *Teenage Parenthood: What's the Problem?* London, UK: Tufnell Press.
- Durowade, K. A., Babatunde, O. A., Omokanye, L. O., Elegbede, O. E., Ayodele, L. M., Adewoye, K. R., Olaniyan, T. O. (2017). Early sexual debut: prevalence and risk factors among secondary school students in Ido-ekiti, Ekiti state, South-West Nigeria. *African Health Sciences*, 17(3), 614–622.

- Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. *The Sage Handbook of Qualitative Research in Psychology*, 179, 194.
- Edukugho, E. (2015). Teenage Pregnancy: Anatomy of ‘the number one killer of girls!’ *Vanguard*. Retrieved from <https://www.vanguardngr.com/2015/02/teenage-pregnancy-anatomy-number-one-killer-girls/>
- Egunjobi, T. A. (2014). Poverty and unemployment paradox in Nigeria.
- Ekefre, E. N., Ekanem, S. A., & Hons, L. L. B. (2014). Teenage Pregnancy and Education in Nigeria: A Philo-Sociological Management Strategy. *Journal of Educational and Social Research*, 4(3), 41–48.
- Ellemers, N. (2018). Gender stereotypes. *Annual Review of Psychology*, 69, 275–298.
- Ellingson, S., & Green, M. C. (2014). *Religion and sexuality in cross-cultural perspective*. Routledge.
- Ellis-Sloan, K. (2014). Teenage mothers, stigma and their ‘presentations of self.’ *Sociological Research Online*, 19(1), 1–13.
- Ellis-Sloan, K., & Tamplin, A. (2019). Teenage Mothers and Social Isolation: The role of friendship as protection against relational exclusion. *Social Policy and Society*, 18(2), 203–218.
- Emechebe, C. I., Njoku, C. O., Udofia, U. M., & Ukaga, J. T. (2016). Complications of induced abortion: Contribution to maternal mortality in a tertiary center of a low resource setting. *Saudi Journal for Health Sciences*, 5(1), 34.
- Envuladu, Esther A, Agbo, H. A., Ohize, V. A., & Zoakah, A. I. (2014). Determinants and outcome of teenage pregnancy in a rural community in Jos, Plateau State, Nigeria. *Sub-Saharan African Journal of Medicine*, 1(1), 48.
- Envuladu, Esther Awazzi, Anke, V. D. K., Zwanikken, P., & Zoakah, A. I. (2017). Sexual and reproductive health challenges of adolescent males and females in some communities of Plateau State Nigeria. *International Journal of Psychology and Behavioral Sciences*, 7(2), 55–60.
- Erfina, E., Widyawati, W., McKenna, L., Reisenhofer, S., & Ismail, D. (2019). Adolescent mothers’ experiences of the transition to motherhood: An integrative review.

- Erikson, E. H. (1959). Identity and the life cycle: Selected papers. *Psychological Issues*, 1, 1–171.
- Erulkar, A., & Bello, M. V. (2007). *The experience of married adolescent girls in northern Nigeria*. Nigeria: Population Council.
- Ezegwui, H. U., Ikeako, L. C., & Ogbuefi, F. (2012). Obstetric outcome of teenage pregnancies at a tertiary hospital in Enugu, Nigeria. *Nigerian Journal of Clinical Practice*, 15(2), 147–150.
- Fadamiro, J. A., & Adedeji, J. A. (2016). Cultural landscapes of the Yoruba of South-Western Nigeria demystified as solidified time in space. *Space and Culture*, 19(1), 15–30.
- Fafunwa, A. B. (2018). *History of education in Nigeria*. Routledge.
- Fagbamigbe, A. F., & Idemudia, E. (2017). Diversities in timing of sexual debut among Nigerian youths aged 15-24 years: parametric and non-parametric survival analysis approach. *African Health Sciences*, 17(1), 39–51.
- Familusi, O. O. (2012). African culture and the status of women: The Yoruba example. *The Journal of Pan African Studies*, 5(1), 299–313.
- Federal Ministry of Health (FMOH) (2001). *National reproductive health policy and strategy: to achieve quality reproductive and sexual health for all Nigerians*. Nigeria: Federal Ministry of Health.
- Federal Ministry of Health (FMOH). (2006). *Nigerian Demographic and Health Indication Strategic Frameworks and Plan, 2002–2006*. Abuja.
- Fessler, K. B. (2008). *Reclaiming a spoiled maternal identity: Young mothers' experiences and rejection of stigma*. University of Michigan.
- Florczak, K. L. (2016). Power relations: Their embodiment in research. *Nursing Science Quarterly*, 29(3), 192–196.
- Folayan, M. O., Harrison, A., Odetoynbo, M., & Brown, B. (2014). Tackling the sexual and reproductive health and rights of adolescents living with HIV/AIDS: a priority need in Nigeria. *African Journal of Reproductive Health*, 18(3), 102–108.

- Folkman, S., & Lazarus, R. S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing Company.
- Fontes, L. A. (2004). Ethics in violence against women research: The sensitive, the dangerous, and the overlooked. *Ethics & Behavior*, 14(2), 141–174.
- Ford, K. L. (2016). *Negotiating Identities: Adolescent Mothers' Journey to Motherhood: A Research Study*. Balboa Press.
- Fox, S., Bloch, R., & Monroy, J. (2018). Understanding the dynamics of Nigeria's urban transition: A refutation of the 'stalled urbanisation' hypothesis. *Urban Studies*, 55(5), 947–964.
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, 20(9), 1408.
- Gadamer, H.-G. (1975). Hermeneutics and social science. *Cultural Hermeneutics*, 2(4), 307–316.
- Ganchimeg, T., Ota, E., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., Tunçalp, Ö. (2014). Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 121, 40–48.
- Garba, I., Adewale, T. M., Ayyuba, R., & Abubakar, I. S. (2016). Obstetric outcome of teenage pregnancy at Aminu Kano Teaching Hospital: A 3-year review. *Journal of Medicine in the Tropics*, 18(1), 43.
- Ghebreyesus, T. A., & Kanem, N. (2018). Defining sexual and reproductive health and rights for all. *The Lancet*, 391(10140), 2583–2585.
- Gibbs, G. R. (2018). *Analyzing qualitative data* (Vol. 6). Sage.
- Giddens, A. (1999). Family Lecture 4. *BBC Reith Lecture Series*.
- Giddens, A. (2013). *The third way: The renewal of social democracy*. John Wiley & Sons.
- Glover, D., Pallais, A., & Pariente, W. (2017). Discrimination as a self-fulfilling prophecy: Evidence from French grocery stores. *The Quarterly Journal of Economics*, 132(3), 1219–1260.

- Goffman, E. (1955). On face-work: An analysis of ritual elements in social interaction. *Psychiatry*, 18(3), 213–231.
- Goffman, E. (1963). Stigma and social identity. *Understanding Deviance: Connecting Classical and Contemporary Perspectives*, 256–265.
- Goffman, E. (1969). *The Presentation of Self in Everyday Life*. London: Allen Lane.
- Goffman, E. (1981). Frame analysis: An essay on the organization of experience. *Contemporary Sociology*, 10(1), 60.
- Goldkuhl, G. (2012). Pragmatism vs interpretivism in qualitative information systems research. *European Journal of Information Systems*, 21(2), 135–146.
- Grbich, C. (2012). *Qualitative data analysis: An introduction*. Sage.
- Green, S. E. (2007). Components of perceived stigma and perceptions of wellbeing among university students with and without disability experience. *Health Sociology Review*, 16(3–4), 328–340.
- Grewal, A., Kataria, H., & Dhawan, I. (2016). Literature search for research planning and identification of research problem. *Indian Journal of Anaesthesia*, 60(9), 635–639.
- Griffin, E. (2013). Sex, illegitimacy and social change in industrializing Britain. *Social History*, 38(2), 139–161.
- Griffith, A. I. (1998). Insider/outsider: Epistemological privilege and mothering work. *Human Studies*, 21(4), 361–376.
- Gyan, S. E. (2018). Passing as “Normal”: Adolescent Girls’ Strategies for Escaping Stigma of Premarital Sex and Childbearing in Ghana. *Sage Open*, 8(3), 2158244018801421.
- Haddrill, R., Jones, G. L., Anumba, D., & Mitchell, C. (2018). A tale of two pregnancies: A Critical Interpretive Synthesis of women’s perceptions about delayed initiation of antenatal care. *Women and Birth*, 31(3), 220–231.
- Hall, G. S. (1904). Adolescence: its Psychology and its Relations to Physiology. *Anthropology, Sociology, Sex, Crime, Religion and Education*, 2.
- Hall, S. (1996). Introduction: Who needs “Identity”? In: *Questions of cultural identity*, edited by S. Hall and P. du Gay, 1–18. London: Sage.

- Hall, Stuart. (1990). *Cultural identity and diaspora*. Routledge
- Hammersley, M. (2010). Reproducing or constructing? Some questions about transcription in social research. *Qualitative Research*, 10(5), 553–569.
- Harper, C., Jones, N., Ghimire, A., Marcus, R., & Bantebya, G. K. (2018). *Empowering adolescent girls in developing countries: gender justice and norm change*. Routledge.
- Hawks, J. H. (1991). Power: a concept analysis. *Journal of Advanced Nursing*, 16(6), 754–762.
- Head, E. (2009). The ethics and implications of paying participants in qualitative research. *International Journal of Social Research Methodology*, 12(4), 335–344.
- Heidegger, M. (2010). *Being and time*. Suny Press.
- Heidegger, M., Macquarrie, J., & Robinson, E. (1962). *Being and time*. Blackwell Publishers
- Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*, 133(1), 114–122.
- Hodgkinson, S. C., Colantuoni, E., Roberts, D., Berg-Cross, L., & Belcher, H. M. E. (2010). Depressive symptoms and birth outcomes among pregnant teenagers. *Journal of Pediatric and Adolescent Gynecology*, 23(1), 16–22.
- Hoggart, L. (2003). Teenage pregnancy: the government's dilemma. *Capital & Class*, 27(1), 145–165.
- Hoggart, L. (2012). 'I'm pregnant... what am I going to do?' An examination of value judgements and moral frameworks in teenage pregnancy decision making. *Health, Risk & Society*, 14(6), 533–549.
- Holley, L. C., Stromwall, L. K., & Bashor, K. E. (2012). Reconceptualizing stigma: Toward a critical anti-oppression paradigm. *Stigma Research and Action*, 2(2).
- Holloway, I., & Wheeler, S. (2010). The nature and utility of qualitative research. *Qualitative Research in Nursing and Health Care*. Chichester: Wiley-Blackwell.
- Holloway, Immy, & Brown, L. (2016). *Essentials of a qualitative doctorate*. Routledge.
- Holloway, Immy, & Todres, L. (2003). The status of method: flexibility, consistency and coherence. *Qualitative Research*, 3(3), 345–357.

- Hoque, M., & Hoque, S. (2010). A comparison of obstetrics and perinatal outcomes of teenagers and older women: Experiences from rural South Africa. *African Journal of Primary Health Care & Family Medicine*, 2(1).
- Hounton, S., Barros, A. J. D., Amouzou, A., Shiferaw, S., Maïga, A., Akinyemi, A., Koroma, D. (2015). Patterns and trends of contraceptive use among sexually active adolescents in Burkina Faso, Ethiopia, and Nigeria: evidence from cross-sectional studies. *Global Health Action*, 8, 29737.
- Hubbard, G., Backett-Milburn, K., & Kemmer, D. (2001). Working with emotion: issues for the researcher in fieldwork and teamwork. *International Journal of Social Research Methodology*, 4(2), 119–137.
- Husserl, E. (2013). *Cartesian meditations: An introduction to phenomenology*. Springer Science & Business Media.
- Ibrahim, M. S., Yusuf, H. E., Lawal, B. B., & Bashir, S. S. (2017). Prevalence, Pattern and Psychosocial Effects of Rape Among Female Undergraduates in Zaria, North-western Nigeria. *Sierra Leone Journal of Biomedical Research*, 9(1), 20–27.
- Igbokwe, U. L., Ogbonna, C. S., Ezegbe, B. N., Nnadi, E. M., & Eseadi, C. (2020). Viewpoint on family life and HIV education curriculum in Nigerian secondary schools. *Journal of International Medical Research*, 48(1), 0300060519844663.
- Igbuzor, O. (2006). The state of education in Nigeria. *Economic and Policy Review*, 12(3).
- Ijarotimi, O. A., Biobaku, O. R., Badejoko, O. O., Loto, O. M., & Orji, E. O. (2019). Obstetric outcome of teenage pregnancy and labour in Obafemi Awolowo University Teaching Hospitals complex, Ile-Ife: A ten year review. *Tropical Journal of Obstetrics and Gynaecology*, 36(1), 105–111.
- Ikeako, L. C., Onoh, R., Ezegwui, H. U., & Ezeonu, P. O. (2014). Pattern and outcome of induced abortion in Abakaliki, Southeast of Nigeria. *Annals of Medical and Health Sciences Research*, 4(3), 442–446.
- Ikoya, P. O., & Onoyase, D. (2008). Universal basic education in Nigeria: Availability of schools' infrastructure for effective program implementation. *Educational Studies*, 34(1), 11–24.

- Inyang, M. P. (2013). Female Secondary School Adolescents' Sexual Behavior and School Based HIV/AIDS Education Program. *ICHPER-SD Journal of Research*, 8(2), 55–61.
- Ippoliti, N. B., & L'Engle, K. (2017). Meet us on the phone: mobile phone programs for adolescent sexual and reproductive health in low-to-middle income countries. *Reproductive Health*, 14(1), 11.
- Izugbara, C. (2015). Socio-demographic risk factors for unintended pregnancy among unmarried adolescent Nigerian girls. *South African Family Practice*, 57(2), 121–125.
- Izugbara, C Otutubikey. (2004). Patriarchal ideology and discourses of sexuality in Nigeria. In *Understanding human sexuality seminar series* (Vol. 2). Africa Regional Sexuality Resource Centre (ARSRC): Nigeria.
- Izugbara, Chimaraoke Otutubikey. (2008). Home-based sexuality education: Nigerian parents discussing sex with their children. *Youth & Society*, 39(4), 575–600.
- Jaiyeola, A. O., & Bayat, A. (2020). Assessment of Trends in Income Poverty in Nigeria from 2010–2013: An Analysis Based on the Nigeria General Household Survey. *Journal of Poverty*, 24(3), 185–202.
- Jenkins, R. (1994). Rethinking ethnicity: identity, categorization and power. *Ethnic and Racial Studies*, 17(2), 197–223.
- Jewell, D., Tacchi, J., & Donovan, J. (2000). Teenage pregnancy: whose problem is it? *Family Practice*, 17(6), 522–528.
- Jiboye, A. D., & Ogunshakin, L. (2010). The place of the family house in contemporary Oyo town, Nigeria. *Journal of Sustainable Development*, 3(2), 117.
- John, W. S., & Johnson, P. (2000). The pros and cons of data analysis software for qualitative research. *Journal of Nursing Scholarship*, 32(4), 393–397.
- Johnstone, R. L. (2015). *Religion in society: A sociology of religion*. Routledge.
- Jones, C., Whitfield, C., Seymour, J., & Hayter, M. (2019). 'Other Girls': A Qualitative Exploration of Teenage Mothers' Views on Teen Pregnancy in Contemporaries. *Sexuality & Culture*, 23(3), 760–773.
- Jones, G. (2002). The youth divide. *Diverging Paths to Adulthood*. Joseph Rowntree

Foundation.

- Jones, I., Brown, L., & Holloway, I. (2012). *Qualitative research in sport and physical activity*. Sage.
- Jones, N., & Corrigan, P. W. (2014). Understanding stigma. In: P. W. Corrigan (Ed.), *The stigma of disease and disability: Understanding causes and overcoming injustices* (p. 9–34). American Psychological Association.
- Jørgensen, M. W., & Phillips, L. J. (2002). *Discourse analysis as theory and method*. Sage.
- Jung, P. B. (2005). Sanctifying women's pleasure. *Good Sex: Feminist Perspectives from the World's Religions*, 77–95.
- Justesen, L., Mikkelsen, B. E., & Gyimóthy, S. (2014). Understanding hospital meal experiences by means of participant-driven-photo-elicitation. *Appetite*, 75, 30–39.
- Kalra, G., & Bhugra, D. (2013). Sexual violence against women: Understanding cross-cultural intersections. *Indian Journal of Psychiatry*, 55(3), 244.
- Kanda, L., & Mash, R. (2018). Reasons for inconsistent condom use by young adults in Mahalapye, Botswana. *African Journal of Primary Health Care & Family Medicine*, 10(1), 1–7.
- Karnieli-Miller, O., Strier, R., & Pessach, L. (2009). Power relations in qualitative research. *Qualitative Health Research*, 19(2), 279–289.
- Kastrup, B. (2017). There is an 'unconscious,' but it may well be conscious. *Europe's Journal of Psychology*, 13(3), 559.
- Kim, T. H. M., Connolly, J. A., & Tamim, H. (2014). The effect of social support around pregnancy on postpartum depression among Canadian teen mothers and adult mothers in the maternity experiences survey. *BMC Pregnancy and Childbirth*, 14(1), 162.
- Kinser, P., & Masho, S. (2015). "I just start crying for no reason": the experience of stress and depression in pregnant, urban, African-American adolescents and their perception of yoga as a management strategy. *Women's Health Issues*, 25(2), 142–148.
- Kirkham, J. A., Smith, J. A., & Havsteen-Franklin, D. (2015). Painting pain: An interpretative phenomenological analysis of representations of living with chronic pain. *Health*

- Knoblauch, H., & Wilke, R. (2016). The common denominator: The reception and impact of Berger and Luckmann's *The Social Construction of Reality*. *Human Studies*, 39(1), 51–69.
- Koster, W. (2003). *Secret strategies: Women and abortion in Yoruba society, Nigeria*. Aksant Amsterdam.
- Kroger, J. (2017). *Identity development in adolescence and adulthood*. Sage Publications
- Kunnuji, M. (2014). Basic deprivation and involvement in risky sexual behaviour among out-of-school young people in a Lagos slum. *Culture, Health & Sexuality*, 16(7), 727–740.
- Kvale, S. (1996). *InterViews: an introduction to qualitative research interviewing*. Sage.
- Kyilleh, J. M., Tabong, P. T.-N., & Konlaan, B. B. (2018). Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the west Gonja District in northern region, Ghana. *BMC International Health and Human Rights*, 18(1), 6.
- Lamina, M. A. (2015). Prevalence and determinants of unintended pregnancy among women in South-Western Nigeria. *Ghana Medical Journal*, 49(3), 187–194.
- Laney, E. K., Hall, M. E. L., Anderson, T. L., & Willingham, M. M. (2015). Becoming a mother: The influence of motherhood on women's identity development. *Identity*, 15(2), 126–145.
- Langdridge, D. (2007). *Phenomenological psychology: Theory, research and method*. Pearson education.
- Langer, A., & Ukiwo, U. (2008). Ethnicity, religion and the state in Ghana and Nigeria: perceptions from the street. In *Horizontal Inequalities and Conflict* (pp. 205–226). Springer.
- Larkin, M., Eatough, V., & Osborn, M. (2011). Interpretative phenomenological analysis and embodied, active, situated cognition. *Theory & Psychology*, 21(3), 318–337.
- Lawlor, D. A., & Shaw, M. (2004). Teenage pregnancy rates: high compared with where and when? *Journal of the Royal Society of Medicine*, 97(3), 121–123.

- Lazarus, S. I., Rush, M., Dibiana, E. T., & Monks, C. P. (2017). Gendered penalties of divorce on remarriage in Nigeria: A qualitative study. *Journal of Comparative Family Studies*, 48(3), 351–366.
- Leary, M. R. (2019). *Self-presentation: Impression management and interpersonal behavior*. Routledge.
- Leckie, S., & Gallagher, A. (2011). *Economic, social, and cultural rights: a legal resource guide*. University of Pennsylvania Press.
- Lee, E. J., Clements, S., Ingham, R., & Stone, N. (2004). *A Matter of Choice?: Explaining National Variations in Teenage Abortion and Motherhood*. Joseph Rowntree Foundation.
- Lile, J. (2013). Toward a structural understanding of identity formation: A review and extension of theory. *Identity*, 13(4), 318–347.
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. *The Sage Handbook of Qualitative Research*, 4, 97–128.
- Link, B. G., Cullen, F. T., Frank, J., & Wozniak, J. F. (1987). The social rejection of former mental patients: Understanding why labels matter. *American Journal of Sociology*, 92(6), 1461–1500.
- Link, B. G., & Phelan, J. (2014). Stigma power. *Social Science & Medicine*, 103, 24–32.
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27(1), 363–385.
- Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. *The Lancet*, 367(9509), 528–529.
- Link, B. G., & Phelan, J. C. (2013). *Labeling and Stigma - Handbook of the Sociology of Mental Health*. In: C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.) (pp. 525–541). Dordrecht: Springer Netherlands.
- Link, B. G., Phelan, J. C., & Sullivan, G. (2017). Mental and physical health consequences of the stigma associated with mental illnesses. In: *The Oxford Handbook of Stigma, Discrimination, and Health*. Sage.

- Link, B. G., & Stuart, H. (2017). On revisiting some origins of the stigma concept as it applies to mental illnesses. In: *The Stigma of Mental Illness-End of the Story?* (pp. 3–28). Springer.
- Link, B. G., Wells, J., Phelan, J. C., & Yang, L. (2015). Understanding the importance of “symbolic interaction stigma”: How expectations about the reactions of others adds to the burden of mental illness stigma. *Psychiatric Rehabilitation Journal*, 38(2), 117.
- Lofland, J. (1995). Analytic ethnography: Features, failings, and futures. *Journal of Contemporary Ethnography*, 24(1), 30–67.
- Lounds, J. J., Borkowski, J. G., & Whitman, T. L. (2006). The potential for child neglect: The case of adolescent mothers and their children. *Child Maltreatment*, 11(3), 281–294.
- Low, J. (2013). Unstructured and semi-structured interviews in health research. *Researching Health: Qualitative, Quantitative and Mixed Methods*, 2, 87–105.
- Lukolo, L. N., & van Dyk, A. (2015). Parents’ participation in the sexuality education of their children in rural Namibia: a situational analysis. *Global Journal of Health Science*, 7(1), 35.
- Macintyre, S., & Cunningham-Burley, S. (1993). Teenage pregnancy as a social problem: a UK perspective. In: Lawson, A. and Rhode, D.L. (eds.) *The Politics of Pregnancy: Adolescent Sexuality and Public Policy*. Yale University Press: Yale, pp. 59-73.
- Macleod, C. I. (2015). Teenage pregnancy. *The International Encyclopedia of Human Sexuality*, 1355–1404.
- Macleod, C. I., & Feltham-King, T. (2019). Adolescent Pregnancy. *Routledge International Handbook of Women’s Sexual and Reproductive Health*.
- Macutkiewicz, J., & MacBeth, A. (2017). Intended adolescent pregnancy: A systematic review of qualitative studies. *Adolescent Research Review*, 2(2), 113–129.
- Macvarish, J., & Billings, J. R. (2010). Challenging the irrational, amoral and anti-social construction of the ‘teenage mother’. In: Duncan, Simon and Edwards, Rosalind and Alexander, Claire, eds. *Teenage Parenthood: What’s the Problem?* pp. 47-69. London:Tufnell Press.
- Major, B., Dovidio, J. F., & Link, B. G. (2018). *The Oxford handbook of stigma*,

discrimination, and health. Oxford University Press.

- Makinde, T. (2004). Motherhood as a source of empowerment of women in Yoruba culture. *Nordic Journal of African Studies*, 13(2), 11.
- Malé, C and Wodon, Q. (2016). *Basic profile of child marriage in Nigeria*. Washington DC: World Bank
- Maly, C., McClendon, K. A., Baumgartner, J. N., Nakyanjo, N., Ddaaki, W. G., Serwadda, D., Wagman, J. A. (2017). Perceptions of adolescent pregnancy among teenage girls in Rakai, Uganda. *Global Qualitative Nursing Research*, 4, 2333393617720555.
- Mangeli, M., Rayyani, M., Cheraghi, M. A., & Tirgari, B. (2017). Exploring the Challenges of Adolescent Mothers From Their Life Experiences in the Transition to Motherhood: A Qualitative Study. *Journal of Family & Reproductive Health*, 11(3), 165–173.
- Mann, K., & Roseneil, S. (1994). ‘Some Mothers Do ‘Ave ‘Em’: Backlash and the gender politics of the underclass debate. *Journal of Gender Studies*, 3(3), 317-331.
- Mannay, D. (2010). Making the familiar strange: Can visual research methods render the familiar setting more perceptible? *Qualitative Research*, 10(1), 91–111.
- Mantovani, N., & Thomas, H. (2014). Choosing motherhood: The complexities of pregnancy decision-making among young black women ‘looked after’ by the State. *Midwifery*, 30(3), e72–e78.
- Marcus, R., Harper, C., Brodbeck, S., & Page, E. (2015). Social norms, gender norms and adolescent girls: A brief guide. *London: Overseas Development Institute*.
- Marshall, C., & Rossman, G. B. (2014). *Designing qualitative research*. Sage publications.
- Maslow, A. H. (1954). The instinctoid nature of basic needs. *Journal of Personality*, 22, 326–347.
- Matswetu, V. S., & Bhana, D. (2018). Humhandara and hujaya: Virginity, Culture, and Gender Inequalities Among Adolescents in Zimbabwe. *SAGE Open*, 8(2).
- Matteucci, X. (2013). Photo elicitation: Exploring tourist experiences with researcher-found images. *Tourism Management*, 35, 190–197.
- Maynard, R. (1995). Teenage childbearing and welfare reform: Lessons from a decade of

demonstration and evaluation research. *Children and Youth Services Review*, 17(1–2), 309–332.

Mbachu, C. O., Agu, I. C., Eze, I., Agu, C., Ezenwaka, U., Ezumah, N., & Onwujekwe, O. (2020). Exploring issues in caregivers and parent communication of sexual and reproductive health matters with adolescents in Ebonyi state, Nigeria. *BMC Public Health*, 20(1), 1–10.

Mberu, B. U. (2007). Household structure and living conditions in Nigeria. *Journal of Marriage and Family*, 69(2), 513–527.

McDermott, E., & Graham, H. (2005). Resilient young mothering: social inequalities, late modernity and the ‘problem’ of ‘teenage’ motherhood. *Journal of Youth Studies*, 8(1), 59–79.

McDermott, E., Graham, H., & Hamilton, V. (2004). *Experiences of being a teenage mother in the UK: a report of a systematic review of qualitative studies*. Glasgow: Centre for Evidence-Based Public Health Policy, Social and Public Health Sciences Unit, 39–42.

Melesse, D. Y., Mutua, M. K., Choudhury, A., Wado, Y. D., Faye, C. M., Neal, S., & Boerma, T. (2020). Adolescent sexual and reproductive health in sub-Saharan Africa: who is left behind? *BMJ Global Health*, 5(1).

Melvin, A. O., & Uzoma, U. V. (2012). Adolescent Mothers’ Subjective Wellbeing and Mothering Challenges in a Yoruba Community, Southwest Nigeria. *Social Work in Health Care*, 51(6), 552–567.

Menoukha Case. (2016). *Yoruba Culture, Religion, and Gender* (1st ed.). New York: John Wiley & Sons, Ltd.

Mercer, R. T. (2004). Becoming a mother versus maternal role attainment. *Journal of Nursing Scholarship*, 36(3), 226–232.

Miller, C. T., & Kaiser, C. R. (2001). A theoretical perspective on coping with stigma. *Journal of Social Issues*, 57(1), 73–92.

Mills, C., & Hoeber, L. (2013). Using photo-elicitation to examine artefacts in a sport club: logistical considerations and strategies throughout the research process. *Qualitative Research in Sport, Exercise and Health*, 5(1), 1–20.

- Mmari, K., Kalamar, A. M., Brahmabhatt, H., & Venables, E. (2016). The influence of the family on adolescent sexual experience: A comparison between Baltimore and Johannesburg. *PloS One*, *11*(11).
- Mobolaji, J. W., Fatusi, A. O., & Adedini, S. A. (2020). Ethnicity, religious affiliation and girl-child marriage: a cross-sectional study of nationally representative sample of female adolescents in Nigeria. *BMC Public Health*, *20*, 1–10.
- Moletsane, R., Mitchell, C., & Lewin, T. (2015). 12 Gender violence, teenage pregnancy and gender equity policy in South Africa. *Gender Violence in Poverty Contexts: The Educational Challenge*, 132.
- Mollborn, S. (2017). Teenage mothers today: what we know and how it matters. *Child Development Perspectives*, *11*(1), 63–69.
- Mollborn, S., & Jacobs, J. (2012). “We’ll figure a way”: teenage mothers’ experiences in shifting social and economic contexts. *Qualitative Sociology*, *35*(1), 23–46.
- Moloney, M., Hunt, G. P., Joe-Laidler, K., & MacKenzie, K. (2011). Young mother (in the) hood: Gang girls’ negotiation of new identities. *Journal of Youth Studies*, *14*(1), 1–19.
- Morakinyo, O. M., & Fagbamigbe, A. F. (2017). Neonatal, infant and under-five mortalities in Nigeria: An examination of trends and drivers (2003-2013). *PloS One*, *12*(8).
- Mukhopadhyay, P., Chaudhuri, R. N., Paul, B., Dryburgh, H., Brief, T., Jorge, M., C., Walker, M. C. (2013). Attitude and Perception of Adolescents towards Teenage Pregnancy in Makurdi Metropolis 1 Awopetu. *Journal of Biosocial Science*, *11*(1), 523.
- Mustafa Adelaja, L., & Olufemi Taiwo, O. (2011). Maternal and fetal outcome of obstetric emergencies in a tertiary health institution in South-Western Nigeria. *ISRN Obstetrics and Gynecology*, 2011.
- Muyibi, A. S., Ajayi, I. O. O., Irabor, A. E., & Ladipo, M. M. A. (2010). Relationship between adolescents’ family function with socio-demographic characteristics and behaviour risk factors in a primary care facility. *African Journal of Primary Health Care & Family Medicine*, *2*(1).
- The Nation (2014). Teenagers’ unwanted pregnancy nightmare. Retrieved from <https://thenationonlineng.net/teenagers-unwanted-pregnancy-nightmare/>. Accessed

October 26th 2020.

- National Population Commission (NPC). (2018). *Nigeria Demographic and Health Survey 2018*. Calverton, Maryland.
- Neiterman, E. (2012). Constructing and deconstructing teen pregnancy as a social problem. *Qualitative Sociology Review*, 8(3).
- Newcomer, K. E., Hatry, H. P., & Wholey, J. S. (2015). Conducting semi-structured interviews. *Handbook of Practical Program Evaluation*, 492.
- Ngutuku Mulongo, E. (2006). Young single motherhood: Contested notions of motherhood and sexuality in policy discourses/program interventions. *ISS Working Paper Series/General Series*, 423, 1–64.
- Njoku, B. (2016). Fighting teenage pregnancy through film. *Vanguard*. Retrieved from <https://www.vanguardngr.com/2016/12/nollywood-producer-fights-teenage-pregnancy-film/>. Accessed October 27th 2020.
- Nkani, F. N., & Bhana, D. (2010). No to bulging stomachs: Male principals talk about teenage pregnancy at schools in Inanda, Durban. *Agenda*, 24(83), 107–113.
- Nnebue, C. C., Chimah, U. C., Duru, C. B., Ilika, A. L., & Lawoyin, T. O. (2016). Determinants of age at sexual initiation among Nigerian adolescents: A study of secondary schools students in a military barracks in Nigeria. *American Journal of Medical Sciences and Medicine*, 4(1), 1–7.
- Nwagwu, C. C. (1997). The environment of crises in the Nigerian education system. *Comparative Education*, 33(1), 87–96.
- Nwobodo, E. I., & Panti, A. (2012). Adolescent maternal mortality in north-west Nigeria. *West African Journal of Medicine*, 31(4), 224–226.
- O'Brien Cherry, C., Chumbler, N., Bute, J., & Huff, A. (2015). Building a “Better Life” the transformative effects of adolescent pregnancy and parenting. *Sage Open*, 5(1), 2158244015571638.
- O'Reilly, A. (2004). *Mother outlaws*. Theories and practices of empowered mothering. Toronto: Women's Press.

- Obaji, P. (2020). "I had no choice": the desperate Nigerian women who sell their babies. *The Guardian*, p. 4. Retrieved from <https://www.theguardian.com/global-development/2020/may/06/i-had-no-choice-the-desperate-nigerian-women-who-sell-their-babies>. Accessed May 26th 2020.
- Obikeze, D. S. (1987). Education and the extended family ideology: the case of Nigeria. *Journal of Comparative Family Studies*, 18(1), 25–45.
- Odimegwu, C., & Somefun, O. D. (2017). Ethnicity, gender and risky sexual behaviour among Nigerian youth: an alternative explanation. *Reproductive Health*, 14(1), 16.
- Odo, A. N., Samuel, E. S., Nwagu, E. N., Nnamani, P. O., & Atama, C. S. (2018). Sexual and reproductive health services (SRHS) for adolescents in Enugu state, Nigeria: a mixed methods approach. *BMC Health Services Research*, 18(1), 92.
- Odu, B. K., Ayodele, C. J., & Isola, A. O. (2015). Unplanned Parenthood: The Socio-Economic Consequences of Adolescent Child-Bearing in Nigeria. *Journal of Education and Practice*, 6(31), 15–19.
- Odu, K. B., & Christian, A. J. (2007). The menace of teenage motherhood in Ekiti State. *Journal of Scientific Research*, 2(3–4), 157–161.
- Oduwole, T. A. (2015). Youth unemployment and poverty in Nigeria. *International Journal of Sociology and Anthropology Research*, 1(2), 23–39.
- Oginni, A., Ahmadu, S. K., Okwesa, N., Adejo, I., & Shekerau, H. (2018). Correlates of individual-level abortion stigma among women seeking elective abortion in Nigeria. *International Journal of Women's Health*, 10, 361–366.
- Ogori, A. F., Shitu, F., & Yunusa, A. R. (2013). The cause and effect of teenage pregnancy: case of Kontagora Local Government Area in Niger state Northern part of Nigeria. *International Open Journal of Educational Research*, 1(7), 1–15.
- Ogundare, S. F. (2010). Changes in family types and functions among Yoruba of Southwestern Nigeria since 1960. *Journal of GLBT Family Studies*, 6(4), 447–457.
- Ogundele, O. J., Pavlova, M., & Groot, W. (2018). Examining trends in inequality in the use of reproductive health care services in Ghana and Nigeria. *BMC Pregnancy and Childbirth*, 18(1), 492.

- Ogunjuyigbe, P. O., & Adepoju, A. (2014). Perspectives on socio-cultural context of adolescent reproductive health behaviour in Nigeria. *African Population Studies*, 27(2), 343–351.
- Ohayi, R. S., Ezugwu, E. C., Chigbu, C. O., Arinze-Onyia, S. U., & Iyoke, C. A. (2015). Prevalence and pattern of rape among girls and women attending Enugu State University Teaching Hospital, southeast Nigeria. *International Journal of Gynecology & Obstetrics*, 130(1), 10–13.
- Okereke, Chukwunenye I. (2010). Unmet reproductive health needs and health-seeking behaviour of adolescents in Owerri, Nigeria. *African Journal of Reproductive Health*, 14(1).
- Okereke, Chukwunenye Iheanacho. (2010). Assessing the prevalence and determinants of adolescents' unintended pregnancy and induced abortion in Owerri, Nigeria. *Journal of Biosocial Science*, 42(5), 619–632.
- Okonofua, F. (2013). Prevention of child marriage and teenage pregnancy in Africa: need for more research and innovation. *African Journal of Reproductive Health*, 17(4), 9–13.
- Olabode, B. O. (2009). African Gender Myth in Proverbs and Verbal Discourses; A Case Study of the Yoruba of South-Western Nigeria. *Gender and Development: Essential Readings*, Ibadan: Hope Publications.
- Olaitan, A. W. (2017). Impact of family structure on the academic performance of secondary school students in Yewa Local Government Area of Ogun State, Nigeria. *International Journal of Sociology and Anthropology Research*, 3(1), 1–10.
- Olajide, O. A. (2014). Migration: its causes and consequences in South East Nigeria. In: African Dynamics in a Multipolar World. *African Studies*, 1637–1650.
- Olatunji, O. A. (2012). Penetration, corroboration and non-consent: examining the Nigerian law of Rape and addressing its shortcomings. *Nigerian Law Journal*, 8, 79–105.
- Oliver, D. P. (2011). Rigor in qualitative research. Sage Publications Sage CA: Los Angeles.
- Olubunmi, M. B., Oluyemi, I. S., & Samuel, A. A. (2019). Parenting Styles, Sex Education Locality and Self-Efficacy as Predictors of Teenagers' Experiment with Sex. *International Journal of Psychological Studies*, 11(2), 111-116.

- Olufemi, A. T., Paulin, O. I., & Akinbode, O. O. (2018). Prevalence and predictors of early sexual debut among adolescents in Ogbomoso, Nigeria. *Am J Public Health*, 6(3), 148–154.
- Olufemi, O. O., Joel, F., & Ajibade, B. (2013). Parental Attitude towards the use of Contraceptives by Adolescents in Osogbo, Osun State. *Journal of Pharmacy and Biological Sciences*, 8(3), 12–18.
- Oluremi, F. D. (2015). Inclusive Education Setting in Southwestern Nigeria: Myth or Reality?. *Journal of Educational Research*, 3(6), 368–374.
- Olusegun, O. L., Ibe, R. T., & Micheal, I. M. (2012). Curbing maternal and child mortality: The Nigerian experience. *International Journal of Nursing and Midwifery*, 4(3), 33–39.
- Omo-Aghoja, L. (2013). Sexual and reproductive health: Concepts and current status among Nigerians. *African Journal of Medical and Health Sciences*, 12(2), 103.
- Omobola, O. C. (2013). Influence of Socio-Economic Change on Marriage Norms in the Yoruba Society, in Southwest Nigeria. *Academic Journal of Interdisciplinary Studies*, 2(3), 139.
- Omole-Ohonsi, A., & Attah, R. A. (2010). Obstetric outcome of teenage pregnancy in Kano, North-Western Nigeria. *West African Journal of Medicine*, 29(5) 94-105.
- Onyeka, I N, Miettola, J., Ilika, A. L., & Vaskilampi, T. (2012). Becoming pregnant during secondary school: Findings from concurrent mixed methods research in Anambra State, Nigeria. *East African Journal of Public Health*, 9(1), 19–25.
- Onyeka, Ifeoma N, Miettola, J., Ilika, A. L., & Vaskilampi, T. (2011). Unintended pregnancy and termination of studies among students in Anambra state, Nigeria: Are secondary schools playing their part? *African Journal of Reproductive Health*, 15(2) 84-90.
- Oringanje, C., Meremikwu, M. M., Eko, H., Esu, E., Meremikwu, A., & Ehiri, J. E. (2016). Interventions for preventing unintended pregnancies among adolescents. *Cochrane Database of Systematic Reviews*, 2, 234-239.
- Oronsaye, A. U., Ogbeide, O., & Unuigbo, E. (1982). Pregnancy among schoolgirls in Nigeria. *International Journal of Gynecology & Obstetrics*, 20(5), 409–412.
- Osaikhuwuomwan, J. A., & Osemwenkha, A. P. (2013). Adolescents' perspective regarding

adolescent pregnancy, sexuality and contraception. *Asian Pacific Journal of Reproduction*, 2(1), 58–62.

- Ostergren, J. E., Rosser, B. R. S., & Horvath, K. J. (2011). Reasons for non-use of condoms among men who have sex with men: a comparison of receptive and insertive role in sex and online and offline meeting venue. *Culture, Health & Sexuality*, 13(2), 123–140.
- Oti, A., & Ayeni, O. (2013). Yoruba culture of Nigeria: Creating cpace for an endangered specie. *Cross-Cultural Communication*, 9(4), 23–29.
- Otite, O. (1991). Marriage and family systems in Nigeria. *International Journal of Sociology of the Family*, 15–54.
- Otoide, V. O., Oronsaye, F., & Okonofua, F. E. (2001). Why Nigerian adolescents seek abortion rather than contraception: evidence from focus-group discussions. *International Family Planning Perspectives*, 77–81.
- Oyediran, K. A., Odutolu, O., & Atobatele, A. O. (2011). Intergenerational sexual relationship in Nigeria: Implications for negotiating safe sexual practices. *Social and Psychological Aspects of HIV/AIDS and Their Ramifications*, 49–62.
- Oyefara, J. L. (2011). Socio-cultural context of adolescent fertility in Yoruba society: insights from Osun State, Nigeria. *Reproductive Health*, 7(3), 88-94.
- Oyeniran, A. A., Bello, F. A., Oluborode, B., Awowole, I., Loto, O. M., Irinyenikan, T. A., Guest, P. (2019). Narratives of women presenting with abortion complications in Southwestern Nigeria: A qualitative study. *PloS One*, 14(5).
- Oyeyemi, A. L., Aliyu, S. U., Sa’ad, F., Rufa’i, A. A., Jajere, A. R. M., & Oyeyemi, A. Y. (2019). Association between adolescent motherhood and maternal and child health indices in Maiduguri, Nigeria: a community-based cross-sectional study. *BMJ Open*, 9(3), 12-19.
- Pain, H. (2012). A literature review to evaluate the choice and use of visual methods. *International Journal of Qualitative Methods*, 11(4), 303–319.
- Panday, S., Makiwane, M., Ranchod, C., & Letsoala, T. (2015). *Teenage pregnancy in South Africa: with a specific focus on school-going learners*. South Africa: Human Sciences Research Council.

- Parker, I. (1998). *Social constructionism, discourse and realism*. Sage.
- Pereira, C., & Ibrahim, J. (2010). On the bodies of women: The common ground between Islam and Christianity in Nigeria. *Third World Quarterly*, 31(6), 921–937.
- Petermans, A., Kent, A., & Van Cleempoel, K. (2014). Photo-elicitation: Using photographs to read retail interiors through consumers' eyes. *Journal of Business Research*, 67(11), 2243–2249.
- Phillippi, J., & Lauderdale, J. (2018). A guide to field notes for qualitative research: context and conversation. *Qualitative Health Research*, 28(3), 381–388.
- Phillips Stevens. (2014). *Culture and Sexuality* (1st ed.). John Wiley & Sons, Inc.
- Phoenix, A. (1991). *Young mothers?* Wiley-Blackwell.
- Phoenix, C. (2010). Seeing the world of physical culture: the potential of visual methods for qualitative research in sport and exercise. *Qualitative Research in Sport and Exercise*, 2(2), 93–108.
- Piane, G. M. (2019). Maternal Mortality in Nigeria: A Literature Review. *World Medical & Health Policy*, 11(1), 83–94.
- Pini, S., Gardner, P., & Hugh-Jones, S. (2019). How and why school is important to teenagers with cancer: outcomes from a photo-elicitation study. *Journal of Adolescent and Young Adult Oncology*, 8(2), 157–164.
- Pollard, E. A. (2006). Sex and Salvation: Virginity as a Soteriological Paradigm in Ancient Christianity. *Journal of the History of Sexuality*, 15(3), 492–494.
- Potrac, P., Jones, R. L., & Nelson, L. (2014). Interpretivism. In *Research methods in sports coaching* (pp. 31–41). Routledge.
- Prada, E., Bankole, A., Oladapo, O. T., Awolude, O. A., Adewole, I. F., & Onda, T. (2015). Maternal near-miss due to unsafe abortion and associated short-term health and socio-economic consequences in Nigeria. *African Journal of Reproductive Health*, 19(2), 52–62.
- Pringle, J., Drummond, J., McLafferty, E., & Hendry, C. (2011). Interpretative phenomenological analysis: a discussion and critique. *Nurse Researcher*, 18(3).

- Radcliffe, P. (2011). Motherhood, pregnancy, and the negotiation of identity: The moral career of drug treatment. *Social Science & Medicine*, 72(6), 984–991.
- Rakovec-Felser, Z. (2014). Domestic Violence and Abuse in Intimate Relationship from Public Health Perspective. *Health Psychology Research*, 2(3), 1821.
- Ramalho, J. de A. M., Lachal, J., Bucher-Maluschke, J. S. N. F., Moro, M.-R., & Revah-Levy, A. (2016). A qualitative study of the role of food in family relationships: An insight into the families of Brazilian obese adolescents using photo elicitation. *Appetite*, 96, 539–545.
- Ranganathan, M., MacPhail, C., Pettifor, A., Kahn, K., Khoza, N., Twine, R., Heise, L. (2017). Young women’s perceptions of transactional sex and sexual agency: a qualitative study in the context of rural South Africa. *BMC Public Health*, 17(1), 666.
- Raworth, K., Sweetman, C., Narayan, S., Rowlands, J., & Hopkins, A. (2012). *Conducting semi-structured Interviews*. Oxfam.
- Rayment, G., Swainston, K., & Wilson, G. (2019). Using photo-elicitation to explore the lived experience of informal caregivers of individuals living with dementia. *British Journal of Health Psychology*, 24(1), 102–122.
- Reed, H. E., & Mberu, B. U. (2014). Capitalizing on Nigeria’s demographic dividend: reaping the benefits and diminishing the burdens. *African Population Studies*, 27(2), 319.
- Regmi, K., Naidoo, J., & Pilkington, P. (2010). Understanding the processes of translation and transliteration in qualitative research. *International Journal of Qualitative Methods*, 9(1), 16–26.
- Reid, K., Elliot, D., Witayarat, N., & Wilson-Smith, K. (2018). Reflecting on the use of photo-elicitation methods in IPA research. Enhancing the interpretative lens and re-balancing power back to the participant. A review of published studies. *Qualitative Research*, 108–110.
- Renne, E. P. (2017). Polio vaccination, political authority and the Nigerian state. In: *The politics of vaccination*. Manchester University Press.
- Richard, V. M., & Lahman, M. K. E. (2015). Photo-elicitation: Reflexivity on method, analysis, and graphic portraits. *International Journal of Research & Method in Education*, 38(1), 3–22.

- Richardson, L., & St Pierre, E. (2008). A method of inquiry. *Collecting and Interpreting Qualitative Materials*, 3(4), 473.
- Roberts, R., O'Connor, T., Dunn, J., Golding, J., & Team, A. S. (2004). The effects of child sexual abuse in later family life; mental health, parenting and adjustment of offspring. *Child Abuse & Neglect*, 28(5), 525–545.
- Rosenberg, M. (2016). Sexual Serpents and Perpetual Virginity: Marian Rejectionism in the Babylonian Talmud. *Jewish Quarterly Review*, 106(4), 465–493.
- Rotimi, O. (2016). Sociological Observation of African Cultural Values in The Light of Modernity: The Experience of Yoruba in Nigeria. *International Journal of Social Sciences*, 2(1), 141-146.
- Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data*. Sage.
- Ryan, G. (2018). Introduction to positivism, interpretivism and critical theory. *Nurse Researcher*, 25(4), 41–49.
- Saad, A., Akinsulie, B., Ega, C., Akiode, A., & Awaisu, A. (2018). Misconceptions and current use of contraception among women of reproductive age in six major cities in Nigeria. *The European Journal of Contraception & Reproductive Health Care*, 23(6), 415–420.
- Saewyc, E. M., Magee, L. L., & Pettingell, S. E. (2004). Teenage pregnancy and associated risk behaviors among sexually abused adolescents. *Perspectives on Sexual and Reproductive Health*, 36(3), 98–105.
- Sámano, R., Martínez-Rojano, H., Robichaux, D., Rodríguez-Ventura, A. L., Sánchez-Jiménez, B., de la Luz Hoyuela, M., Segovia, S. (2017). Family context and individual situation of teens before, during and after pregnancy in Mexico City. *BMC Pregnancy and Childbirth*, 17(1), 382.
- Samuels, J. (2004). Breaking the ethnographer's frames: Reflections on the use of photo elicitation in understanding Sri Lankan monastic culture. *American Behavioral Scientist*, 47(12), 1528–1550.
- Sandelowski, M., & Voils, C. I. (2013). Quantitative research findings. *Routledge International Handbook of Qualitative Nursing Research*, 347.

- Sanni, K. B., Udoh, N. A., Okedij, A. A., Modo, F. N., & Ezech, L. N. (2010). Family types and juvenile delinquency issues among secondary school students in Akwa Ibom State, Nigeria: counseling implications. *Journal of Social Sciences*, 23(1), 21–28.
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893–1907.
- Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet Child & Adolescent Health*, 2(3), 223–228.
- Scambler, G. (2009). Health-related stigma. *Sociology of Health & Illness*, 31(3), 441–455.
- Schatzel-Murphy, E. A., Harris, D. A., Knight, R. A., & Milburn, M. A. (2009). Sexual coercion in men and women: Similar behaviors, different predictors. *Archives of Sexual Behavior*, 38(6), 974–986.
- Schumaker, J. F. (1992). *Religion and mental health*. Oxford University Press.
- Seamark, C. J., & Lings, P. (2004). Positive experiences of teenage motherhood: a qualitative study. *British Journal of General Practise*, 54(508), 813–818.
- Sedgh, G., Bankole, A., Okonofua, F., Imarhiagbe, C., Hussain, R., & Wulf, D. (2009). Meeting young women's sexual and reproductive health needs in Nigeria. *New York: Guttmacher Institute*.
- Segre, S. (2016). Social Constructionism as a Sociological Approach. *Human Studies*, 39(1), 93–99.
- Shaw, D. (2013). A New Look at an Old Research Method: Photo-Elicitation. *Journal of Methodology*, 4(4), 785–799.
- Shefer, T., Bhana, D., & Morrell, R. (2013). Teenage pregnancy and parenting at school in contemporary South African contexts: Deconstructing school narratives and understanding policy implementation. *Perspectives in Education*, 31(1), 1–10.
- Shefer, T., Clowes, L., & Vergnani, T. (2012). Narratives of transactional sex on a university campus. *Culture, Health & Sexuality*, 14(4), 435–447.
- Shinebourne, P., & Smith, J. A. (2011). Images of addiction and recovery: An interpretative

phenomenological analysis of the experience of addiction and recovery as expressed in visual images. *Education, Prevention and Policy*, 18(5), 313–322.

Silverman, D. (2016). *Qualitative research*. Sage.

Skinner, S. R., & Marino, J. L. (2016). England's Teenage Pregnancy Strategy: a hard-won success. *The Lancet*, 388(10044), 538–540.

Sloan, A., & Bowe, B. (2014). Phenomenology and hermeneutic phenomenology: The philosophy, the methodologies, and using hermeneutic phenomenology to investigate lecturers' experiences of curriculum design. *Quality & Quantity*, 48(3), 1291–1303.

Smart, C. (1994). Regulating womanhood: historical essays on marriage, motherhood & sexuality. *Resources for Feminist Research*, 23(1/2), 61.

Smiley, S. (2015). Field Recording or Field Observation?: Audio Meets Method in Qualitative Research. *Qualitative Report*, 20(11), 9-11.

Smith, D. J. (2010). Promiscuous girls, good wives, and cheating husbands: Gender inequality, transitions to marriage, and infidelity in southeastern Nigeria. *Anthropological Quarterly*, 3(1), 18-23..

Smith, J., & Firth, J. (2011). Qualitative data analysis: the framework approach. *Nurse Researcher*, 18(2), 52–62.

Smith, Jennifer A, Mccullough, R., Critchlow, C., & Luke, M. (2017). Proposing an initiative research methodology for LGBTQ+ youth: Photo-elicitation and thematic analysis. *Journal of LGBT Issues in Counseling*, 11(4), 271–284.

Smith, Jonathan A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39–54.

Smith, Jonathan A. (2007). Hermeneutics, human sciences and health: Linking theory and practice. *International Journal of Qualitative Studies on Health and Wellbeing*, 2(1), 3–11.

Smith, Jonathan A, & Shinebourne, P. (2012). *Interpretative phenomenological analysis*. American Psychological Association.

- Smith, W., Turan, J. M., White, K., Stringer, K. L., Helova, A., Simpson, T., & Cockrill, K. (2016). Social Norms and Stigma Regarding Unintended Pregnancy and Pregnancy Decisions: A Qualitative Study of Young Women in Alabama. *Perspectives on Sexual and Reproductive Health*, 48(2), 73–81.
- SmithBattle, L. I. (2013). Reducing the stigmatisation of teen mothers. *MCN: The American Journal of Maternal/Child Nursing*, 38(4), 235–241.
- Solanke, I. (2016). *Discrimination as Stigma: a theory of anti-discrimination law*. Bloomsbury Publishing.
- Sorhaindo, A., Bonell, C., Fletcher, A., Jessiman, P., Keogh, P., & Mitchell, K. (2016). Being targeted: Young women’s experience of being identified for a teenage pregnancy prevention programme. *Journal of Adolescence*, 49, 181–190.
- Southall, J. (2009). ‘Is this thing working?’—The Challenge of Digital Audio for Qualitative Research. *Australian Journal of Social Issues*, 44(3), 321–334.
- Southorn, D. (2016). “I’m Just a Young Mother” Teenage Mothers’ Perspectives on Early Parenthood. Thesis, University of Otago.
- Spengane, Z. (2015). *Reasons of early sexual debut of “female” adolescents attending Town-Two Clinic in Khayelitsha, South Africa*. Stellenbosch: Stellenbosch University.
- Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., Simbayi, L. C., Barré, I., & Dovidio, J. F. (2019). The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC Medicine*, 17(1), 31.
- Stapleton, H. (2010). *Surviving teenage motherhood: Myths and realities*. Springer.
- Steensma, T. D., Kreukels, B. P. C., de Vries, A. L. C., & Cohen-Kettenis, P. T. (2013). Gender identity development in adolescence. *Hormones and Behavior*, 64(2), 288–297.
- Stephoe, A., Deaton, A., & Stone, A. A. (2015). Subjective wellbeing, health, and ageing. *The Lancet*, 385(9968), 640–648.
- Stuckey, H. L. (2015). The second step in data analysis: Coding qualitative research data. *Journal of Social Health and Diabetes*, 3(01), 7–10.

- Sulaiman, S., Othman, S., Razali, N., & Hassan, J. (2013). Obstetric and perinatal outcome in teenage pregnancies. *South African Journal of Obstetrics and Gynaecology*, 19(3), 77–80.
- Tabberer, S. (2000). Teenage motherhood, decision making and the transition to adulthood. *Youth and Policy*, 41–54.
- Tade, O., & Adekoya, A. (2012). Transactional sex and the ‘aristo’ phenomenon in Nigerian universities. *Human Affairs*, 22(2), 239–255.
- Tan, L. H., & Quinlivan, J. A. (2006). Domestic violence, single parenthood, and fathers in the setting of teenage pregnancy. *Journal of Adolescent Health*, 38(3), 201–207.
- This Day. (2015). Nigeria: Taming the Menace of Teenage Pregnancy. Retrieved from <https://allafrica.com/stories/201508240536.html>, Accessed September 24th 2020.
- Thorne, J. G., Buitendyk, M., Wawuda, R., Lewis, B., Bernard, C., & Spitzer, R. F. (2020). The reproductive health fall-out of a global pandemic. *Sexual and Reproductive Health Matters*, (just-accepted), 1–4.
- Thurkill, M. F. (2008). *Chosen among Women: Mary and Fatima in Medieval Christianity and Shiite Islam*. University of Notre Dame Press.
- Tieben, N., & Wolbers, M. H. J. (2010). Transitions to post-secondary and tertiary education in the Netherlands: a trend analysis of unconditional and conditional socio-economic background effects. *Higher Education*, 60(1), 85–100.
- Titilayo, A., & Fasina, F. (2008). Prevalence of early child birth and its implication on safe child delivery in Osun State, South-Western Nigeria. *African Journal of Social Policy and Administration*, 1(1), 70–84.
- Tsang, A. (2014). ‘My body is a journal, and my tattoos are my story.’ Exploring the motivations and meanings of tattoos using a multi qualitative-method approach. *Current Psychology* 3(3), 14-19.
- Turner, K. M. (2004). Young women’s views on teenage motherhood: a possible explanation for the relationship between socio-economic background and teenage pregnancy outcome? *Journal of Youth Studies*, 7(2), 221–238.
- Tuwor, T., & Sossou, M. (2008). Gender discrimination and education in West Africa:

strategies for maintaining girls in school. *International Journal of Inclusive Education*, 12(4), 363–379.

Tyler, I., & Slater, T. (2018). *Rethinking the sociology of stigma*. Sage publications.

Unah, E. (2017). Pregnant kids smear Cross River State. *Vanguard*. Retrieved from <https://www.vanguardngr.com/2018/01/pregnant-kids-smear-criver/> Accessed January 29th 2019.

United Nations, (U. N).(2019). *Fertility among very young adolescents*. New York. Retrieved January 14, 2020, from https://www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2019-1.pdf.

United Nations Population Fund (UNFPA). (2020). *Sexual & reproductive health*. New York.

Ungar, M. (2008). Resilience across cultures. *The British Journal of Social Work*, 38(2), 218–235.

United Nations International Children’s Emergency Fund (UNICEF). (2016). Ending violence against children in Nigeria. Retrieved September 12, 2020, from <https://www.unicef.org/nigeria/reports/ending-violence-against-children-nigeria>

United Nations International Children’s Emergency Fund (UNICEF). (2019a). *Adolescent demographics*. New York. Retrieved January 15, 2020, from <https://data.unicef.org/topic/adolescents/demographics/>

United Nations International Children’s Emergency Fund (UNICEF). (2019b). Early childbearing. Retrieved June 18, 2019, from <https://data.unicef.org/topic/child-health/adolescent-health/>

United Nations International Children’s Emergency Fund (UNICEF). (2020a). *Education in Nigeria*. New York. Retrieved September 18, 2020 from <https://www.unicef.org/nigeria/education>

United Nations International Children’s Emergency Fund (UNICEF). (2020b). *Situation of women and children in Nigeria; Challenges faced by women and children in Nigeria*. Abuja. Retrieved September 12, 2020 from <https://www.unicef.org/nigeria/situation-women-and-children-nigeria>

- United Nations Population Fund, (UNFPA). (2013). *Adolescent and youth demographics: A brief overview*. New York. Retrieved July 15, 2019 from [https://www.unfpa.org/sites/default/files/resource-pdf/One pager on youth demographics GF.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/One%20pager%20on%20youth%20demographics%20GF.pdf)
- Uwaifo, V. O., & Uddin, P. S. O. (2009). Transition from the 6-3-3-4 to the 9-3-4 system of education in Nigeria: An assessment of its implementation on technology subjects. *Studies on Home and Community Science*, 3(2), 81–86.
- Van Brakel, W. (2014). Stigma in leprosy: concepts, causes and determinants. *Leprosy Review*, 85, 36–47.
- Van Nes, F., Abma, T., Jonsson, H., & Deeg, D. (2010). Language differences in qualitative research: is meaning lost in translation? *European Journal of Ageing*, 7(4), 313–316.
- Van Nes, F., Jonsson, H., Hirschler, S., Abma, T., & Deeg, D. (2012). Meanings created in co-occupation: Construction of a late-life couple's photo story. *Journal of Occupational Science*, 19(4), 341–357.
- Vanhoutte, B. (2014). The multidimensional structure of subjective wellbeing in later life. *Journal of Population Ageing*, 7(1), 1–20.
- Vivien, B. (2003). *Social constructionism*. Hove & New York: Routledge.
- Walker, C. A. (2015). Social constructionism and qualitative research. *Journal of Theory Construction and Testing*, 19(2), 37.
- Walsh, G. (2016). Screen and paper reading research—a literature review. *Australian Academic & Research Libraries*, 47(3), 160–173.
- Wamoyi, J., Buller, A. M., Nyato, D., Kyegombe, N., Meiksin, R., & Heise, L. (2018). “Eat and you will be eaten”: a qualitative study exploring costs and benefits of age-disparate sexual relationships in Tanzania and Uganda: implications for girls' sexual and reproductive health interventions. *Reproductive Health*, 15(1), 207.
- Wamoyi, J., Heise, L., Meiksin, R., Kyegombe, N., Nyato, D., & Buller, A. M. (2019). Is transactional sex exploitative? A social norms perspective, with implications for interventions with adolescent girls and young women in Tanzania. *PloS One*, 14(4).
- Wamoyi, J., Wight, D., Plummer, M., Mshana, G. H., & Ross, D. (2010). Transactional sex

amongst young people in rural northern Tanzania: an ethnography of young women's motivations and negotiation. *Reproductive Health*, 7(1), 2.

Watts, M. C. N. C., Liamputtong, P., & McMichael, C. (2015). Early motherhood: a qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. *BMC Public Health*, 15(1), 873.

Weimann, G. J. (2010). *Islamic criminal law in northern Nigeria: politics, religion, judicial practice*. Amsterdam University Press.

Wenham, A. (2016). "I know I'm a good mum—no one can tell me different." Young mothers negotiating a stigmatised identity through time. *Families, Relationships and Societies*, 5(1), 127–144.

Wetherell, M. (2007). A step too far: Discursive psychology, linguistic ethnography and questions of identity. *Journal of Sociolinguistics*, 11(5), 661–681.

Whitley, R., & Kirmayer, L. J. (2008). Perceived stigmatisation of young mothers: An exploratory study of psychological and social experience. *Social Science & Medicine*, 66(2), 339–348.

Wilkinson, P., French, R., Kane, R., Lachowycz, K., Stephenson, J., Grundy, C., Wellings, K. (2006). Teenage conceptions, abortions, and births in England, 1994–2003, and the national teenage pregnancy strategy. *The Lancet*, 368(9550), 1879–1886.

Williams, R. R., & Whitehouse, K. (2015). Photo elicitation and the visual sociology of religion. *Review of Religious Research*, 57(2), 303–318.

Williams, T. P., Binagwaho, A., & Betancourt, T. S. (2012). Transactional sex as a form of child sexual exploitation and abuse in Rwanda: Implications for child security and protection. *Child Abuse & Neglect*, 36(4), 354–361.

Willig, C. (2008). *Introducing qualitative research in psychology*. Maidenhead, England. Open University Press. *Bowel Syndrome: Mechanisms and Practical Management*. *Gut*, 56(12), 1770–1798.

Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-hill education (UK).

Wilson-Mitchell, K., Bennett, J., & Stennett, R. (2014). Psychological health and life

experiences of pregnant adolescent mothers in Jamaica. *International Journal of Environmental Research and Public Health*, 11(5), 4729–4744.

World Bank. (2014). *GDP Growth*. United States. Retrieved June 19, 2019, from <http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG>

World Bank. (2019a). *Nigeria*. United States. Retrieved May 12, 2020 from <https://data.worldbank.org/country/nigeria>

World Bank. (2019b). *Nigerian Girls Rising: Voices from Adolescent Girls*. United States. Retrieved January 10, 2020 from <https://www.worldbank.org/en/news/feature/2019/12/05/nigerian-girls-rising-voices-from-adolescent-girls>

World Bank. (2020a). *Nigeria: Overview*. Washington D.C. Retrieved September 17, 2020, from <https://www.worldbank.org/en/country/nigeria/overview>

World Bank. (2020b). *Education Statistics: Country at a glance (Nigeria)*. Washington D.C. Retrieved September 17, 2020 from <https://datatopics.worldbank.org/education/country/nigeria>

World Health Organization (WHO). (2020a). *Adolescent health*. Geneva. Retrieved October 17, 2020 from http://www.who.int/topics/adolescent_health/en/

World Health Organization (WHO). (2020b). *Adolescent pregnancy*. Geneva. Retrieved September 17, 2020 from <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

World Health Organization (WHO). (2020c). *Reproductive health*. Geneva. Retrieved November 17, 2020 from <https://www.who.int/westernpacific/health-topics/reproductive-health>

Yang, L. H., Kleinman, A., Link, B. G., Phelan, J. C., Lee, S., & Good, B. (2007). Culture and stigma: Adding moral experience to stigma theory. *Social Science & Medicine*, 64(7), 1524–1535.

Yardley, L. (2008). Demonstrating validity in qualitative psychology. *Qualitative Psychology: A Practical Guide to Research Methods*, 2, 235–251.

Yaya, S., & Bishwajit, G. (2018). Age at first sexual intercourse and multiple sexual

partnerships among women in Nigeria: a cross-sectional analysis. *Frontiers in Medicine*, 5, 171.

Zabin, L. S., & Kiragu, K. (1998). The health consequences of adolescent sexual and fertility behavior in sub-Saharan Africa. *Studies in Family Planning*, 210–232.

Zembe, Y. Z., Townsend, L., Thorson, A., & Ekström, A. M. (2013). “Money talks, bullshit walks” interrogating notions of consumption and survival sex among young women engaging in transactional sex in post-apartheid South Africa: a qualitative enquiry. *Globalization and Health*, 9(1), 28.

Zhang, M., Barreto, M., & Doyle, D. (2019). Stigma-based rejection experiences affect trust in others. *Social Psychological and Personality Science*, 1948550619829057.

11 Appendix A- Young Mother's Interview Guide

Introduction and context setting:

Thank you for taking time out to participate in this study. My name is Ayomide Oluseye. As I have explained in the Participant Information Sheet I sent to you, I would like to talk to you about your experiences of teenage pregnancy and motherhood. There are no right or wrong answers but more of a simple conversation.

If you do not mind, I will start recording now.

Socio-Demographic Information?

- How old are you?
- What is your level of education?
- Are you working, if yes, where?
- How many children did you have when you were a teenager?
- How old were you when they were born?

Picture Discussion

- Why did you pick this picture?
Prompt: *Why do you identify with it? prompt as necessary along the lines of the participants' narrative and experience*

The remaining questions will be modified based on number of pregnancies that the participant had as a teenager

Background Questions:

- Can you tell me what your life was like before you got pregnant?
Prompt: *Family structure and dynamic, education, social circle, expectations?*
- What do you think about the way people talk about teenage pregnancy and motherhood?
Prompt: *Why do you think they think about it this way? , Can you give an example? , What is your opinion about this?*
- Did this affect your own experience of teenage pregnancy and motherhood in any way?
Prompts: *What did you think people thought about you and why? , How did you feel about this?*

Pre-Pregnancy:

- Can you tell me about becoming pregnant?
Prompts: *How did you feel when you first discovered that you were pregnant? , What did you do when you first discovered that you were pregnant? Did you tell the father of your baby that you were pregnant? , How did he react to this?, How did you feel about this?, did you inform anybody else (parents, siblings)? , What was their reaction too? , How did you feel about this?*

- What were the reactions or responses of people to the news of your pregnancy (church, school, community)?

During Pregnancy:

- Can you talk me through the pregnancy?
Prompts: *What was the experience like? , Did you access any ante-natal care? , What was your experience like? , How did you feel about this? , Where there any challenges faced during the pregnancy? , What about delivery? , What was the experience like?*
- Can you tell me about your experiences of social support?
Prompt: *What type of support did you have? , What support did you receive from the family during and after your pregnancy? , Can you explain the nature and quality of your relationship with your family before, during and after pregnancy?, What support did you receive from the father of your baby during and after your pregnancy? , Where you in a relationship with the father of your baby before you got pregnant? , What was the nature of the relationship? , Has the relationship changed over time?, Did other people offer some forms of support? How?*

Motherhood:

- Can you talk me through how you adjusted to motherhood?
Prompts: *What was your experience of motherhood?*

Future:

- What impact did becoming pregnant and being a young mother have on you personally?
Prompts: *Education? Future aspirations? Employment?*

Final Question:

- What advice would you give to another teenage mother?

Opportunity for other comments:

Is there anything else you might like to add?

Conclusion:

Once again thank you for your time

12 Appendix B- Young Mothers Information Sheet



Ayomide Oluseye
Ayomide.oluseye@open.ac.uk
The Open University, UK
Milton Keynes,
United Kingdom
MK7 6AA

Participant Information Sheet

Study Title: Teenage Pregnancy and Motherhood among unmarried teenagers in Nigeria

I want to thank you for taking the time to talk to me today. My name is Ayomide Oluseye. I am a female PhD student at The Open University, UK. I am currently conducting a study for my PhD program which is interested in the experiences of teenage pregnancy and motherhood among unmarried mothers in Nigeria. This information sheet explains everything about the research project and what it will involve.

Please kindly take time to read the following information carefully.

1. What will we be talking about?

I would like to talk to people about their experiences of being an unmarried teenage mother. For example;

- What was it like to be an unmarried teenage mother?
- How did this affect you?

I would like to hear your own stories and I think that your participation will help teenage mothers' views to be heard and may help challenge the negative attention teenage mothers commonly receive. You may also be asked to bring something that is important to you concerning your pregnancy and motherhood.

2. If I take part in this research, what will be involved?

As part of this project, I will like you to take photographs of anything that best describes or relates to your experience of being a teenage mother. Please do not take photographs of people because it is important that people's privacy are respected. If certain people best describe your experience, you can take a photograph of something that represents them or reminds you of them. You will be provided with a digital camera for this or you can use your phone alternatively to take pictures. You will be given a week to do this and you will be asked to bring back the photographs to me. You will be recognised as the legal owner of the photographs you produced, and you will receive copies of your photographs. The photographs will only serve as a means of gathering information about your experience of being an unmarried teenage mother so you do not have to be an expert in photography, you just need to know how to take photographs.

Once I receive the photographs, they will be printed, and you will be asked to come for an interview. Your interview will last about 60 minutes, and it will be conducted at a time and place

of your choice. You will be asked why you chose to take the photographs and how this is related to your experiences of being an unmarried teenage mother in Nigeria. The photographs will mainly be used to supplement the write-up in the results section. The interview will be conducted in English or in any other language that both you and I can speak (Yoruba). With your permission, the interview will be recorded and the findings as well as the photographs produced and gathered from the study will be used in writing up my research. It may also be published in Health articles and Journals and used for research purposes. To ensure your safety, I will always carry photographic identification (my school ID card). I will also give you some compensation as a recognition of your time.

3. Confidentiality

Everything you say in the interview will be kept confidential. Nothing you say in the interviews will be traced back to you and no reports of this study will identify you in any way. Similarly, nothing in the pictures you produced will identify you in any way. In any subsequent reports, identifying informations such as names will be replaced with a pseydonym (another name different to yours).

I will treat your participation according to the UK data protection act. The photographs, recordings and write-up of the interviews will be protected with a password.

4. Right to Withdraw

Taking part in this study is voluntary. You can withdraw at any time of the research until the period of the research is completed (August 2020). If you decide to withdraw, your data (i.e., photographs and interview) will not be used in the research and will be deleted. You also have the right to choose not to answer a particular question or to stop or pause an interview at any time. You also have the right to delete pictures that you do not wish to share with the project.

5. What if I need support or someone to talk to during the study?

If participating in the study brings up issues or concerns that you would like to talk about, I will be available to help you access other specific support services.

6. Can I find out about the results of the study?

If you would like to find out about the results of the study, please contact me and I will discuss them with you. Please contact me at ayomide.oluseye@open.ac.uk or call her at 074 *****

Thank you for your interest in this study.

13 Appendix C- Young Mother's Informed Consent Form

Faculty of Wellbeing, Education and Language Studies

School of Health, Wellbeing and Social Care

Study Title: Teenage Pregnancy and Motherhood among unmarried young mothers in South-Western Nigeria

Name of participant:

Name of principal investigator: Ayomide Oluseye

Gender: F

1. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written statement in plain language to keep. ☐ **yes** ☐ **no**

2. I understand that my participation will involve taking photographs and face-to-face Interviews ☐ **yes** ☐ **no**

3. I understand that I should not take photographs that will identify individuals, such as by including their faces ☐ **yes** ☐ **no**

4. I give my consent for the photographs to be reproduced for educational and research purposes ☐ **yes** ☐ **no**

5. I acknowledge that:
 - a. I have been informed that I am free to withdraw from the project without explanation or prejudice and to request the destruction of any data and photograph that have been gathered from me before the end of the research (August 2020) ☐ **yes** ☐ **no**

 - b. The project is for the purpose of research

 - c. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements ☐ **yes** ☐ **no**

 - d. I have been informed that with my consent the data generated will be stored on a password-protected document. ☐ **yes** ☐ **no**

 - e. Any data from me will be referred to by a pseudonym in any publications arising from the research ☐ **yes** ☐ **no**

- f. I have been given contact details for a person whom I can contact if I have any concerns about the way in which this research project is being conducted. ☐ yes ☐ no
- g. I have been informed that the results of the research findings will be forwarded to me, should I request this. ☐ yes ☐ no

I consent to this In-depth Interview being audio-taped ☐ yes ☐ no

I wish to receive a copy of the summary project report on research findings
☐ yes ☐ no

Email or postal address to which a summary should be sent:

Participant signature:

Date:

Contact details for the Principal Investigator (PI) and Research organisation and Faculty:

Ayomide Oluseye

Ayomide.oluseye@open.ac.uk
The Open University UK
Milton Keynes
United Kingdom
MK7 6AA.

Contact details for an alternative contact if you have any concerns about the way the research project is being conducted

Dr Lesley Hoggart
Lesley.hoggart@open.ac.uk

Dr Philippa Waterhouse
Philippa.waterhouse@open.ac.uk

This research has been reviewed by, and received a favourable opinion, from the OU Human Research Ethics Committee - HREC reference number HREC/2990/Oluseye (<http://www.open.ac.uk/research/ethics/>).

14 Appendix D- Key Informants' Information Sheet



Ayomide Oluseye
Ayomide.oluseye@open.ac.uk
The Open University, UK
Milton Keynes,
United Kingdom
MK7 6AA

Participant Information Sheet

Study Title: Teenage Pregnancy and Motherhood among unmarried teenagers in Nigeria

I want to thank you for taking the time to talk to me today. My name is Ayomide Oluseye. I am a female PhD student at The Open University, UK. I am here to do a research on how being an unmarried teenage mother affects young girl's lives and I hope to use this research to better understand the experiences of teenage pregnancy and motherhood in this community. This information sheet explains everything about the research project and what it will involve.

Please kindly take time to read the following information carefully.

1. What will we be talking about?

I would like to talk to people about their perceptions of teenage pregnancy and motherhood in the community. For example;

- What are your views about teenage pregnancy and motherhood?

2. If I take part in this research, what will be involved?

As part of this project, you will participate in an interview which would last between 30-60 minutes. The interview will be conducted in English or in any other language that both you and I can speak (Yoruba). With your permission, the interview will be recorded, and the findings gathered from the study will be used in writing up my research. It may also be published in Health articles and Journals and used for research purposes. To ensure your safety, I will always carry photographic identification (my school ID card). I will also give you some compensation as a recognition of your time.

3. Confidentiality

Everything you say in the interview will be kept confidential. Nothing you say in the interviews will be traced back to you and no reports of this study will identify you in any way. In any subsequent reports, identifying informations such as names will be replaced with a pseudonym (another name different to yours).

I will treat your participation according to the UK data protection act. The recordings and write-up of the interviews will be protected with a password.

4. Right to Withdraw

Taking part in this study is voluntary. You can withdraw at any time of the research until the period of the research is completed (August 2020). If you decide to withdraw, your data (i.e., interview) will not be used in the research and will be deleted. You also have the right to choose not to answer a particular question or to stop or pause an interview at any time.

5. Can I find out about the results of the study?

If you would like to find out about the results of the study, please contact me and I will discuss them with you. Please contact me at ayomide.oluseye@open.ac.uk or call her at 074 *****

Thank You.

15 Appendix E- Key Informants' Interview Guide

Introduction and context setting:

Thank you for taking time out to participate in this study. My name is Ayomide Oluseye. As I have explained in the Participant Information Sheet, I sent to you, I would like to talk to you about your perceptions of teenage pregnancy and motherhood as well as community perceptions of teenage pregnancy and motherhood. There are no right or wrong answers but more of a simple conversation.

If you do not mind, I will start recording now.

- What are your views about teenage pregnancy and motherhood?
Can you explain in a bit more detail?
- How do you think the community generally responds to teenage pregnancy and motherhood among unmarried teenage mothers?
Is teenage pregnancy and motherhood accepted in this community? Why? Why not?
What are community views on getting pregnant young?
- Is it common for pregnant teenagers to be withdrawn from school when they get pregnant? Why?
- Do you think that young mothers should be supported more? Why? Why not?

16 Appendix F- Key Informants Informed Consent

Faculty of Wellbeing, Education and Language Studies

School of Health, Wellbeing and Social Care

Study Title: Teenage Pregnancy and Motherhood among unmarried teenagers in Nigeria

Name of participant:

Name of principal investigator: Ayomide Oluseye

Gender: F

1. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written statement in plain language to keep. ☐ **yes** ☐ **no**
2. I acknowledge that:
 - a. I have been informed that I am free to withdraw from the project without explanation or prejudice and to request the destruction of any data and photograph that have been gathered from me before the end of the research (August 2020) ☐ **yes** ☐ **no**
 - b. The project is for the purpose of research
 - c. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements ☐ **yes** ☐ **no**
 - d. I have been informed that with my consent the data generated will be stored on a password-protected document. ☐ **yes** ☐ **no**
 - e. Any data from me will be referred to by a pseudonym in any publications arising from the research ☐ **yes** ☐ **no**
 - f. I have been given contact details for a person whom I can contact if I have any concerns about the way in which this research project is being conducted. ☐ **yes** ☐ **no**
 - g. I have been informed that the results of the research findings will be forwarded to me, should I request this. ☐ **yes** ☐ **no**

I consent to this In-depth Interview being audio-taped ☐ **yes** ☐ **no**

I wish to receive a copy of the summary project report on research findings

☐ **yes** ☐ **no**

Email or postal address to which a summary should be sent:

Participant signature:

Date:

Contact details for the Principal Investigator (PI) and Research organisation and Faculty:

Ayomide Oluseye

Ayomide.oluseye@open.ac.uk

The Open University UK

Milton Keynes

United Kingdom

MK7 6AA.

Contact details for an alternative contact if you have any concerns about the way the research project is being conducted:

Dr Lesley Hoggart

Lesley.hoggart@open.ac.uk

Dr Philippa Waterhouse

Philippa.waterhouse@open.ac.uk

This research has been reviewed by, and received a favourable opinion, from the OU Human Research Ethics Committee - HREC reference number HREC/2990/Oluseye (<http://www.open.ac.uk/research/ethics/>).

17 Appendix G – Derivation of Themes

Super Themes	Themes	Sub-Themes
Socio-cultural factors influencing teenage pregnancy and motherhood	Social construction of female sexuality in South-Western Nigeria	<i>The virginity fixation</i>
		<i>But boys will be boys</i>
		<i>Sex is meant for adults</i>
	Engaging in sex and getting pregnant: intentional or circumstantial?	<i>I did not know I could get pregnant</i>
		<i>Gendered power imbalances</i>
		<i>The love I never had</i>
		<i>Economic inequalities: the sugar-daddy phenomenon</i>
		<i>Sexual coercion</i>
		<i>We were in love</i>
Experiences of Stigma	Labelling	
	Stereotyping	
	Separation	<i>Religious seclusion</i>
		<i>Community seclusion</i>
		<i>Courtesy stigma as a cause of separation</i>
		<i>Effects of separation</i>
	Status loss and discrimination	<i>Status loss</i>
		<i>Individual discrimination</i>
		<i>Structural discrimination</i>
	Exercise of power	<i>Educational stigmatisation</i>
		<i>Reinforcement of stereotypes</i>
		<i>Abuse as an exercise of power</i>
		<i>Gendered stigmatisation</i>
		<i>Belief in predestination</i>

Managing Stigma	Individual approaches to managing stigma	<i>Avoidance</i>
		<i>Change of Environment</i>
		<i>Concealment</i>
		<i>Co-habiting</i>
	Role of family and societal support in stigma management	<i>Improvised marriages</i>
		<i>Role of Support</i>
Social representations of teenage motherhood and its interplay with young mother's identities	Internalizing a spoiled identity	<i>Negotiating 'the pregnant teenager' identity</i>
	Rejecting a spoiled identity	<i>The need for abortion</i>
		<i>Religion and Morality</i>
		<i>Limited abortion services</i>
	Impacts of the negative social representation of teenage pregnancy and motherhood on the identity development of young mothers	<i>Unresolved identity crisis: "my child is my obstacle"</i>
		<i>Positive identity reconstruction: "being a teenage mother is not that bad"</i>